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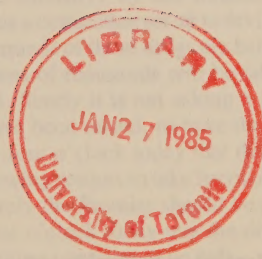
Hansard

Official Report of Debates

Legislative Assembly of Ontario

First Session, 33rd Parliament
Friday, January 17, 1986

Speaker: Honourable H. A. Edighoffer
Clerk of the House: R. G. Lewis, QC





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LEGISLATIVE ASSEMBLY OF ONTARIO

Friday, January 17, 1986

The House met at 10 a.m.

Prayers.

ORAL QUESTIONS

DRUG SUBSTITUTE

Mr. Grossman: I have a question for the Minister of Health (Mr. Elston), who is not here. Here is the Premier; I can ask him.

The Minister of Health has had on his desk since December 2 the case histories of at least six people, specifically named, who suffered very serious side-effects as a direct result of taking a generic drug called metoprolol in place of the brand-name drug Lopresor. One doctor—I want to give the Premier his name: Dr. Robert Sager of Meaford, Ontario—has even sent the minister a report that this drug may have precipitated a heart attack in one of his patients, a 78-year-old man.

Can the Premier please give this House an explanation of why the government has not moved on this matter since it was raised with the minister, with case histories, some six weeks ago?

Hon. Mr. Peterson: I have no idea. I am surprised the Leader of the Opposition (Mr. Grossman) would not ask the Minister of Health. He is not here today; he is in Montreal on government business. However, these are questions that would properly be addressed to him.

Mr. Grossman: When we learned this morning that the Minister of Health would not be here after what was, in fairness, a quite unusual response without specifics yesterday to this very serious matter, we thought about holding the question until Monday. However, the burden would then have fallen upon the opposition party, which learned of this information overnight, and we did not want to be in the position of hiding from the public concerns that have been raised specifically by an esteemed medical practitioner in this province, thus allowing the ministry to let perhaps thousands of drugs to be taken over the weekend without any action having been taken.

Will the Premier undertake to have the ministry review today, not Monday, the concerns that have been raised by Dr. Sager and report before four o'clock by way of a press release to

the public that Dr. Sager's concerns are well founded and that the drug should not be substituted or, in the alternative, that the government thinks the drugs are perfectly safe?

Hon. Mr. Peterson: I cannot guarantee we can give a response by four o'clock. It would not be credible of me to stand here and say that. I will get in touch with the ministry after question period and see whether it has any reflections on this issue.

The Leader of the Opposition has made a number of allegations that a lot of people dismissed as being incorrect. Whether he has some allegations here today that are correct I have no idea. Any time the Leader of the Opposition makes a charge, I am prepared to investigate it, but, very frankly, he has made so many charges lately that have been wrong and stated so many facts in this House that are incorrect, that we do not take some of his charges as seriously as perhaps we would like.

Mr. Grossman: We have the response given yesterday by the Minister of Health. When he finishes alleging that any person who raises concerns about the safety of drugs being taken by seniors must be working for the Ontario Medical Association or the pharmaceutical companies, he does not respond in any way with a clear, categorical statement that the drugs are safe and that the concerns and charges are unfounded.

Given the fact that he has not done that, may I say to the Premier—

Mr. Speaker: By way of a question, please.

Mr. Grossman: May I ask the Premier whether he will reconsider his answer, given the fact that the ministry, by the minister's own statement, has a committee set up to review these things? Thousands of these drugs are being taken every day; tens of thousands will be taken over the weekend. Surely it is not asking a lot, after questions have been raised, to have the government say by four o'clock today that the drugs it has been allowing seniors to take for many weeks are safe. Surely the Premier should be prepared to say by four o'clock today that the drugs they have been taking continue to be safe.

Hon. Mr. Peterson: As I said in response to the last question, the honourable member has

made an allegation. I will take it seriously. I will discuss it with the ministry. I am not sure I can produce an answer by four o'clock. If we can, we will. That is all I can say. I have no idea whether the member is right or wrong in his allegations or charges, but we will look at them.

Mr. Grossman: I want to remind the Premier in this matter that these are not allegations thought up by the Leader of the Opposition or the Progressive Conservative opposition. We are conveying to the Premier allegations and concerns that were conveyed to him by medical practitioners, and in some cases the Ontario Medical Association, some weeks ago. Our questions relate to his inaction since that information was brought to his attention and the concerns were raised by practitioners.

I have a question for the Premier on the same issue. The minister's defence continues to be a referral to the work done by the Drug Quality and Therapeutics Committee of the ministry. Can the Premier explain, perhaps with notes sent to him, why that committee has always had an OMA representative on it, why that representative resigned in July and why the minister has not appointed a replacement on that very important committee since July?

Hon. Mr. Peterson: The note I am looking at, for the member's reference, is a press release he has sent out with some of these suggestions; so it is not any help in answering his question. I do not know the answer to that question, frankly. I will find out.

Mr. Grossman: When the Premier is finding out, can he also see whether he can get an explanation of why the committee the minister relies upon to ensure the safety of these drugs to the public has not met for many months, since July? In fact, our information is that it met in July, then on December 3 and not at all in that interval. Can he get an explanation of why this committee the minister relies on has not met?

10:10 a.m.

Hon. Mr. Peterson: I have no idea. The Leader of the Opposition is suggesting they should meet more. I will be interested in having his suggestion as to how often he thinks they should meet; then I will carry his suggestion back.

Mr. Grossman: My suggestion to the Premier is that they meet as often as they met under the previous administration, which was monthly.

Given the concerns that have been raised, will the Premier give a simple undertaking to this House that the DQTC, the committee that is there

to protect the public, will meet to review these circumstances earlier than the February date the minister has said the committee will next meet?

Will the Premier give an undertaking that the Ontario Medical Association's position on that committee will be filled immediately with the doctor whose name has been nominated and forwarded to the government by the OMA for several months and that he will personally intervene to cause that committee to meet next week, and not some time in February?

Hon. Mr. Peterson: I am not going to give that assurance now. I will look into the situation, and if it is something that needs my attention, believe me, it will have my attention.

INSURANCE RATES

Mr. Rae: I have a question for the Minister of Consumer and Commercial Relations concerning the question of soaring insurance rates, which we have been debating in this House for a long time.

Can the minister explain why his Liberal colleagues in Ottawa, when they filed their letter charging there was evidence of a conspiracy with respect to the insurance industry, did not mention the four causes the minister set out in the House in his statement—excessive price competition, low interest rates, higher court settlements and overly specialized underwriting? Can the minister explain why his colleagues in Ottawa disagree so fundamentally with him as to the cause of the problem?

Hon. Mr. Kwinter: I do not answer for my colleagues in Ottawa any more than the leader of the third party answers for his colleagues in Ottawa. They have taken a stand and I am watching it with interest.

Mr. Rae: I'll bet he is.

Can the the minister tell us whether he agrees that there is evidence of a conspiracy under the Combines Investigations Act? Does he agree that there is a serious lack of competition? Does he agree that what has happened in Ontario has a great deal to do with monopoly and oligopoly price-fixing practices in the insurance industry?

Hon. Mr. Kwinter: The area the honourable member refers to is not in my jurisdiction. We have a task force that is looking at various problems. When it reports back to us, I will be able to respond to him.

Mr. Runciman: It is interesting to hear the leader of the third party talking about the minister's views and the views of the minister's

federal colleagues. I just hark back to the leader's position with respect to de Havilland.

Mr. Speaker: I am interested in your supplementary.

Mr. Runciman: My supplementary question deals with the concerns of some life insurance agents in this whole problem. They have been required by the superintendent of insurance to have written permission from their sponsoring company each and every time they place business with another insurer. Many of these insurers are saying this is not conducive to getting the best possible price for consumers. Has the minister spoken to the superintendent, and is he considering making a change?

Hon. Mr. Kwinter: That is hardly a supplementary question. It is on a totally different subject that we were not discussing, but I will be happy to answer the honourable member anyway.

Mr. Runciman: We were talking about insurance companies.

Hon. Mr. Kwinter: I know, but there is no crisis in the life part of the insurance business. To address that particular problem, I met this morning with the Canadian life underwriters. We have come to an understanding, and I expect to bring forward amendments to the regulations to deal with that problem.

Mr. Rae: The fact remains that there is a daily crisis in insurance in this province. It is affecting school boards, the St. John Ambulance society and groups right across the system.

His colleagues in Ottawa charge there is a conspiracy under the Combines Investigations Act, and the Minister of Consumer and Commercial Relations stands here and says he is watching all these things with interest. Instead of watching them with interest, why is he not doing something to fight for the consumers of this province, to make sure there is an end to the insurance ripoff that is affecting so many hundreds of groups across the province?

When he meets with the Honourable Barbara McDougall today, is it the minister's intention to raise with her the question of the Combines Investigation Act? Does he agree with his colleagues in Ottawa that there is a problem with respect to combines investigation and if not, why not?

Hon. Mr. Kwinter: When I meet with the Honourable Barbara McDougall this afternoon, I am going to be raising all the questions concerning insurance in Ontario. I am going to lay some of the responsibility on the federal

government. It has said publicly it has no interest in this situation. I feel it has a very great interest.

Mr. Rae: All right. Let us find out what the minister's interest is in this instance. If the minister has an interest in this instance, as he says, why has he failed to move in every instance where he has had an opportunity to provide lower rates for people? For example, why has he failed to move in Ontario, as they have moved in Manitoba, Saskatchewan and British Columbia, to provide lower rates for people who drive cars? When the evidence is so overwhelming that there is a better deal when one has a public insurance plan, why has he failed to move?

Hon. Mr. Kwinter: I am not convinced the evidence is so overwhelming. That is why we have set up a task force to make recommendations to us.

Mr. Rae: The minister stated to reporters at some time in the past few days that one of the things he is concerned about is that the delivery costs and what he calls the cost of administration might be higher in the public sector than in the private sector. All the studies done by Woods Gordon and all the other people for the select committee give the lie to that when they say it is bunk. They say one gets a better, more efficient plan under the public sector than under the private sector.

Is the minister aware that when one compares the experience in the past five years—between 1980 and 1984, the latest years for which we have figures—less than 81 cents of the Ontario premium dollar is paid out in claims and claims processing costs, whereas in the public plans the range of these returns is anywhere from 88 cents to almost \$1.05?

Is he aware of these facts? Why is the minister not moving to protect consumers in Ontario when it comes to car insurance?

Hon. Mr. Kwinter: I am aware of the facts. We are waiting for the report of the task force, and we will act on their recommendations if we feel they are reasonable.

Mr. Rae: Is the minister aware of these facts? Why has he taken every opportunity, both in the press and in this House, to denigrate the ability of the public sector, public sector plans and public sector insurance to do a job where a job needs to be done?

Why has he not recognized that there is better service, better value per dollar, better value for the consumer and better protection for car drivers in those provinces that have public insurance plans than there is in Ontario? Why does he not

have the courage to stand up to the insurance companies in this province and say to the people of this province, "You are being ripped off"?

Mr. Speaker: Order.

Hon. Mr. Bradley: Are they subsidized?

Mr. Rae: No, they are not, and the minister knows it.

Hon. Mr. Bradley: I am sorry I asked.

Mr. Rae: Is the minister glad he asked?

Mr. Speaker: Order. We were getting along very well here for a time.

Hon. Mr. Kwinter: In all our discussions about automobile insurance, I have always said Ontario is a special case in that we have special problems here. If the member took a look at the paper today, he would notice the various provinces in Canada are saying Ontario is the problem. They say if they did not have Ontario and our special problems to contend with, their insurance rates would be great. The member cannot have it both ways. We are looking at the situation. When we get our report, we will act.

EXPO 86 PAVILION

Mr. Rowe: My question is for the Chairman of the Management Board of Cabinet. With Expo 86 scheduled to open in approximately 100 days, can the minister tell us what steps she has taken to deal with the delays in construction and the millions of dollars in cost overruns related to the Ontario pavilion, which is to be our showcase for the world?

10:20 a.m.

Hon. Ms. Caplan: I wish to inform the member that the Ministry of Transportation and Communications is the lead ministry hosting the pavilion. Expo's theme is transportation. We recently had a report to Management Board and I am not aware of any undue delays in the construction of this project.

Mr. Rowe: In spite of what the minister has said, it is our understanding that the project is over budget and behind schedule. Can the minister explain why the deputy commissioner of Ontario's pavilion—a man with nearly a quarter of a century of experience in building an operation and project such as Ontario Place, the Ontario pavilion at Expo '67 and the Ontario pavilion at the Osaka world fair—was let go?

Hon. Ms. Caplan: Let me get this straight. The member's question refers, first, to cost overruns and delays. As I said, I have not had any information that the pavilion will not open on time. Second, it refers to a personnel matter, on

which I could perhaps get information for him. I am not at all sure the two are related.

INSURANCE RATES

Mr. Swart: My question is to the Minister of Consumer and Commercial Relations, again on the subject of insurance. For months the minister has stonewalled on any request for justification by the insurance companies for the horrendous increase in rates or for refusing to provide insurance. All sectors of the public have been hurt badly, as the minister knows.

According to the press, we now have 14,000 St. John Ambulance volunteer first-aid workers without insurance. How can the minister condone a situation where those individuals can be responsible for and can eventually be saddled with perhaps hundreds of thousands of dollars in costs?

Would the minister not agree—

Mr. Speaker: Order. I thought the question had already been asked.

Mr. Swart: I have a second part to it.

Mr. Speaker: That may make a good supplementary.

Hon. Mr. Kwinter: On a daily basis we are apprised of various insurance problems confronting the citizens of Ontario. We have set up our information lines and we have also set up our market assist program every time these needs are identified. We have been in touch with St. John Ambulance; we are calling the people, counselling them and helping them with their problems.

Mr. Swart: The minister has not done a single useful thing. I asked him to put a freeze on during the next three months and I asked him to call in the insurance companies. The minister is an apologist for the insurance companies; a gutless wonder. If he is not willing to do something, he ought to resign and let in someone else who would take action.

Will the minister now take some real action to protect the people of this province?

Interjections.

Mr. Speaker: Could the minister hear the question?

Hon. Mr. Kwinter: I would have heard the question if I had still been at home. When the member raises one of these problems and starts to harangue me, that is not going to solve the problem. We are looking at the overall problems facing this industry and we are dealing with them. The member's comments are not helping the situation at all. We are dealing with the problems responsibly.

Mr. Gillies: Is the minister telling the House he is unaware that thousands of St. John Ambulance volunteers are not covered and he is not prepared to do anything about it?

Hon. Mr. Kwinter: The member was not listening. I said I am totally aware of it, our people have been in touch with them and we are trying to resolve their problem.

ENTRY FEE TO U.S.

Mr. Brandt: I have a question for the Premier with respect to a bill which is currently before the United States Congress. It would require all Canadians and all companies in Canada to pay a user fee at ports of entry into the US.

Is he aware of the bill, and has his government taken any steps to protect Canadians and Canadian industries against this heavy charge that would be assessed by the US government if such a bill were to pass?

Hon. Mr. Peterson: Yes, I am aware of that and I was discussing it with some senators in the US, particularly Senator Moynihan. If the honourable member will check the Congressional Record, he would be aware that he has taken a very strong stand that this would not be in the interests of good Canada-US relations, particularly in communities such as the member's, Windsor and others—the border communities, where so many people cross the border daily for work.

The answer to the member's question is yes, we are aware of it; yes, we are putting our point to the US legislators, and if the member has any ideas on how we can make that message even stronger or suggestions on how we can assist, I would be delighted to hear from him, because I share his concerns.

Mr. Brandt: Since the Premier asked me for a suggestion, one would be to reopen the Philadelphia office.

Hon. Mr. Peterson: Does the member have any good suggestions?

Mr. Brandt: I have not got to my question yet; I was really responding to the statement by the Premier.

Has the Premier made Ottawa aware of the concerns of Ontario, as Canada's most industrious province? In addition, has he made representations to Washington other than those to some of the senators he has talked to?

Hon. Mr. Peterson: We are the most industrious province in this country; I agree with the member.

I have not talked to the President of the United States, but if I have the opportunity, I will take that message to him. As the member knows, it is the Senate that has made some of these decisions. I have not talked specifically with Ottawa about this situation. I just assume they know, and I think that is a reasonable assumption. They are a sophisticated group, as the member knows, with wide networks.

We have put our case to these senators, which we think is the most effective place. However, as I said, if he has any good suggestions, I would be happy to follow them, but they have to be good.

INSURANCE RATES

Mr. Mackenzie: May I ask the Minister of Consumer and Commercial Relations how he can justify the fact that my assistant, Lorraine Carroll, 26 years of age, who does a very limited amount of driving, for pleasure only, in a 1970 Pontiac Firebird and has no accident record, would receive an offer to renew from Constitution Insurance Co. of Canada on December 30 at a rate, for \$1 million liability only, of \$355 for six months, or \$710 a year, as against the \$187 she had been paying up until this notice?

Hon. Mr. Kwinter: I cannot respond to or justify each individual case that is brought to my attention. The task force is going to look at all of those issues and it will respond to us.

Mr. Mackenzie: Can the minister then tell me why, since Hamilton and Winnipeg are not dissimilar in size, when my assistant called the insurance office in Winnipeg, Manitoba, and laid out her case—a 1970 Pontiac Firebird, pleasure only, 26 years of age, \$1 million liability—she was told she could have the car and herself insured for the \$1 million liability plus \$200 deductible for \$145 a year, or 20.4 per cent of what it costs her here in Ontario?

Hon. Mr. Kwinter: Again I would state that if the honourable member's constituent were in Winnipeg and asked for that insurance, she probably would get the same rate. There is no use comparing apples and oranges. If one could get a rate comparing what the insurance is in Ontario, it would have some validity. There is not much sense in saying this is the rate in Manitoba or in any other province.

Mr. Runciman: All of us on this side of the House are getting a little tired of this constant repetition and stonewalling: "We are looking at it. We are looking at this problem in Moose Factory. We are looking at the problems of a variety of people in this province."

This government has been in office for almost seven months and we have seen no action. Will the minister admit that he and this government have fumbled the ball, and fumbled it badly, on this issue?

10:30 a.m.

Hon. Mr. Kwinter: I assume that supplementary had to do with car insurance. The members on that side, who were the government for 42 years, never made a move to do anything about it. Now, suddenly, they have got religion and are saying, "Why is the government not doing something about it?"

ONTARIO FAMILY FARM INTEREST RATE REDUCTION PROGRAM

Mr. Stevenson: I have a question for the Minister of Agriculture and Food. On December 4, he stated that 10,000 farmers could be helped by the Ontario family farm interest rate reduction program. A more accurate figure would be 13,000.

One of his ministry officials stated applications were coming in at 800 a week and he further stated, "I am aware that far more than 3,000 applications are in." The other day, the minister stated the applications have been flooding in at 100 to 200 applications a day for the last several weeks. If one takes the figures of December 4 and last week, they simply do not add up.

How many applications does the minister really have? How many have been returned for further information? How many have been approved in the OFFIRR program?

Hon. Mr. Riddell: I have been advised by my staff working with the OFFIRR program that the applications are literally flooding in. They had 500 applications the other day. They tell me they have their room full of applications, and they even asked if the members opposite would like to go over to help us process the applications, there are so many.

Rather than standing up in the House and being critical, maybe the opposition members could come over and help us process all these applications we have. I would venture to say we have between 7,000 and 8,000 now in our office. I would even venture to say we will reach the 10,000 target, if not more.

Mr. Stevenson: I hope the minister is giving us the right figures now. Our members have been using the OFFIRR program in our own newsletters to help the government sell the program, in case the minister is not aware of that. We might volunteer to come over to help process them.

Some of our people are getting tired of waiting for their money.

Since the interest rates have gone up recently, and some would say they are likely to stay up, at least for a while, will the minister tell us how many millions of dollars he plans for the extension of OFFIRR or the sibling of OFFIRR in 1986?

Hon. Mr. Riddell: We will address that when the time comes. We still think \$50 million will be adequate for the OFFIRR program as it is at present, but if we find it will cost more than \$50 million my cabinet colleagues will attest to the fact I have a very loud voice in cabinet. If it is a situation in which I have to go back to cabinet to get more money, I shall do so. We will honour the OFFIRR applications.

INSURANCE RATES

Mr. Martel: I have a question for the Minister of Consumer and Commercial Relations regarding Mr. Roy, a Shell service station owner who owns his own garage and sells propane and whose insurance last year was \$1,249. He has the appropriate fencing. To my knowledge, there has never been a problem or an accident involving filling up cars with propane. His insurance has jumped to \$3,500, a 300 per cent increase. Can the minister tell me how and where this man can obtain a decent rate so that he can have insurance coverage?

Hon. Mr. Kwinter: I cannot assure the member this person can get what he considers a decent rate. Insurance is allotted on a class basis. It is not the one individual who has a propane tank who has a problem, it is all the people who have propane tanks. We had a major accident a couple of days ago where there was an explosion with propane tanks. As a result of that, there is a problem. If that person will contact my ministry, we will get our market assist program to take a look at it to see if there is a solution.

Mr. Martel: Since I assume the minister is going to look into this case, will he first find out if there has ever been an accident involving filling up vehicles at the pumps, and if there has not been can he then tell us why there would be a 300 per cent increase in a classification where there has apparently never been an accident? If these people go out of business along the highways of northern Ontario, who the hell is going to sell propane for the vehicles?

Hon. Mr. Kwinter: I will be happy to investigate that particular case. I am not familiar with every single classification of insurance and what the accident rate is, but we will look into

that. That is one of the terms of reference of the task force.

Interjections.

Mr. Runciman: It is interesting to note the depth of feeling of the members of the third party. It would also be interesting to note how they feel about a no-confidence motion on this issue.

Mr. Andrewes: Let us not go that far. "We have principles but they do not run that deep."

Mr. Martel: Stick it in your ear. You guys did nothing for years.

Mr. Runciman: Earlier this morning, the member for Welland-Thorold (Mr. Swart) called for the minister's resignation. I want to indicate that our party supports that position. Will the minister submit to the wish of the majority of members of this assembly and submit his resignation?

Hon. Mr. Kwinter: I will not submit my resignation, but I would be delighted to put it as a vote of confidence.

Mr. Cousens: He has more faith in the NDP than we do. My question is to the Minister of Community and Social Services.

Hon. Mr. Bradley: Did the member buy that tie on Sunday?

Mr. Cousens: No, and unlike the minister I will not be putting mine in the refrigerator.

Mr. Speaker: Question, please.

Mr. Cousens: This is to one of the warmest ministers here, the member for Kitchener-Wilmot (Mr. Sweeney).

Mr. Speaker: Does the member have a question or will I recognize someone else?

PARENT RELIEF PROGRAM

Mr. Cousens: With respect to the proposed divestment of Surrey Place Centre—the minister has heard of it and knows about it—and in particular the elimination of the parent relief unit, can the minister guarantee that services such as the parent relief unit will be assumed by other community facilities immediately upon divestment?

Hon. Mr. Sweeney: Not only will I give that guarantee to the member, but I have also already given it to the staff members of Surrey Place who are involved in that program and to the parents of the children who are using the program.

By the way, the decision has not yet been made but it will be made very soon. The point has been made very clear that the program itself is not

being eliminated. It would simply be transferred to some other site or to several other sites.

Mr. Cousens: Can the minister assure this House that he will do everything possible to make sure there is no disruption in the lives of these young people and the people who are now served through the special services of places like Surrey Place, that they will be looked after carefully and well and they will be told where to obtain these services?

Hon. Mr. Sweeney: The parents have been advised that Surrey Place will continue to provide a service to them at least until June. Therefore, when a change is made, they will get approximately five months' lead-time notice.

10:40 a.m.

INSURANCE RATES

Mr. D. S. Cooke: I have a question for the Minister of Consumer and Commercial Relations.

The minister will be aware that the Registered Nurses Association of Ontario has had its liability insurance raised 100 per cent for its 10,000 members for 1986 over 1985, and the members of the Ontario Nurses' Association, which has 40,000 members, have seen their insurance go up to \$450,000 a year from \$80,000. Does the minister agree that those are justifiable rates? If he does not agree they are justifiable rates, can he specifically say what he is going to do to stop this ripoff?

Hon. Mr. Kwinter: I am very familiar with that particular incident; I had a visit from the president of the nurses' association. I am not happy with the rate and I sympathize with the problems these people have. Whether they are justifiable or not, I do not know. That is what our task force is looking into. It makes no difference whether we say they are high or low. If that is what it is, that is what it is.

If the member takes a look at what is going on, it is not peculiar to Ontario. It is happening right across North America. Every province has the same problem. We cannot just get up and say we are going to solve it. How are we going to solve it unless we come up with a concerted effort?

I am meeting with the Minister of State for Finance, Barbara McDougall, this afternoon to see if we can get some federal involvement. We are dealing with this in the most expeditious way we can and we are trying to come up with a resolution.

Mr. D. S. Cooke: Is the minister aware that such nurses as the insurance companies consider

high risks, such as industrial nurses and private practice nurses, cannot get insurance at all? If he is not willing to see that fair rates are brought in, what is he going to do to see that the patients of this province are protected?

Hon. Mr. Kwinter: The statement that they cannot get insurance at all is not true. They can get insurance, albeit at a rate they think is excessive. We are looking to see if those rates are justified.

Mr. Brandt: I am sure the minister is aware, after the number of questions that have been posed to him today, that he has a full-blown crisis on his hands with respect to the insurance industry.

I would like to bring to his attention and ask him if he has any answer whatever for a taxi fleet operator in my community whose insurance over the past four years has gone from \$1,400 to \$1,900 to \$2,200 per vehicle and this year his liability—

An hon. member: We are talking about nurses, not taxis.

Mr. Brandt: It is a liability insurance question and it is related. The insurance for this year has tripled to between \$5,000 and \$6,000. By the time the minister's task force is through looking at this question this taxi fleet operator may well be out of business. What do I tell him?

Hon. Mr. Kwinter: The member should tell him to call our information line and we will put him in touch with our market assist program. That market assist program is made up of actuaries and lawyers who specialize in insurance. It has one of the largest brokerage firms in the country on it, plus underwriters.

We are dealing with these problems. We are not solving all of the problems satisfactorily, but only in that sometimes the rates are still excessive; however we can get insurance for virtually everybody and that is something we are dealing with.

FREE TRADE

Mr. Andrewes: My question is to the Minister of Agriculture and Food. I wonder if he might share with us the details of any studies that his ministry is undertaking regarding the rather delicate subject of free trade.

Hon. Mr. Riddell: One of my ministry staff by the name of Bob Seguin is as knowledgeable about this whole matter of free trade as anyone in the province, or in the country for that matter, and he has certainly been following it up.

We had a study to see exactly what free trade would do on each sector of the agricultural industry in this province. I sincerely hope that the federal government is also conducting a study as to the impact that free trade would have on each sector of the agricultural industry in Canada before the Prime Minister ever sits around the table with the President of the United States to come to some kind of an agreement on free trade.

I would hope the provinces would be very much involved in any discussions after we have completed our study on free trade because we know that it would have a serious effect on the supply-managed commodities. We know that the fruit and vegetable industry would be very sensitive to free trade. We know that beef and pork have been trading back and forth without any tariffs, so it would probably have little effect on our beef and pork. It might have little effect on grains, although it would have an effect on the wheat we produce in this province.

We feel that the cost would exceed the benefits at this time and that our study will bear this out. That is why we feel it is very important that we have an opportunity to sit around the table with the Prime Minister of this country.

Mr. Andrewes: The minister has alluded to the rather mixed feelings in the agricultural community on the subject of free trade. It appears from his answer that he has already reached certain conclusions with respect to this subject. Would he table with us the details of the studies he is undertaking and share with us the concerns he apparently has?

Hon. Mr. Riddell: Once the studies are completed, I can see no reason why we would not be prepared to share them. I think the members opposite should take the same interest in this that we do. The member for Lincoln, who is connected with the agricultural industry, knows what serious effects free trade would have, even on the wine industry, in which I know he has a real interest. I see no reason why we would not share it, so collectively we may be able to talk some sense into the Prime Minister of this country.

INSURANCE RATES

Mr. Rae: I have a question for the Minister of Consumer and Commercial Relations. In his statement last week he stated four causes of the insurance problem. He said there was excessive price competition, and I think that has been thrown out the window. He said there had been low interest rates which have reduced insurance-industry investment revenues, and that has

proved to be completely untrue. We can document how untrue it is in terms of what real rates of return have been and how the revenues have increased.

He also discussed higher claims in court settlements. Is it the minister's intention, when he raises this question today with Barbara McDougall, to agree or disagree that court settlements in Ontario have been too high? Is he going to admit that is a problem or is he going to deny that is a problem? What position is he going to take with respect to the representations Mrs. McDougall is going to be making to the international insurance industry with respect to settlements in Ontario?

Hon. Mr. Kwinter: The problem with the court settlements is the perception that they are high. I would like to use as an example—

Mr. Rae: Why did the minister not say that? That is not what he said here.

Hon. Mr. Kwinter: Just one second. In the famous Brampton case of a \$6.3-million settlement, the total award for pain and suffering was \$180,000, and that is the maximum that any award can be in Canada as a result of a Supreme Court decision. The rest of that sum is based strictly on what it costs to care for that young man for the rest of his life.

That is something that is a cost. I admit there can be some ways of taking a look at that cost and structuring it in such a way that we can reduce that element of it. That is something we are looking at and the courts are looking at. I am quite confident, from what I have heard, that it will be addressed under appeal. That is where that is. There is a perception out there that these large awards are affecting the insurance rates. They may be, but also it represents less than one per cent of the awards that are made.

Mr. Rae: Would the minister not agree that if there is that perception, it is because the insurance industry has started an international campaign against the courts which have been trying to compensate people for the real costs of the extent of their disabilities?

If the minister does agree with that, why in his statement did he give credibility and credence to the attack on fair compensation by the insurance companies? Why did he state that one of the causes of the higher costs was higher claims in court settlements? He has added to the credibility, he has added to the perception and he has bought the line of the insurance industry. That is why we are in the situation we are in with respect to that argument.

Hon. Mr. Kwinter: The higher court awards are not only on these unique, very high-cost settlements. There is no question that we have to look at the whole Family Law Reform Act to make sure that the smaller awards, which may be smaller but are still double what they were by the extension of the people who can claim liability—they are the major problem because there are a lot more of them. That is something we are reviewing and something the task force is addressing.

10:50 a.m.

Mr. Grossman: The leader of the third party was asking a question not with regard to the answer the minister just gave, but with regard to the perception that the minister says is an inadequate and unfair perception. Will the minister explain to the House why he and his officials, but he in particular, were not speaking to the reinsurance companies overseas and to the insurance companies here about the inaccuracy of their perception?

Hon. Mr. Kwinter: The reinsurance market is international. One of the things I am going to be addressing with the member's colleague from Ottawa this afternoon is that there is some federal responsibility in this problem. We feel the federal government has to take the lead in the reinsurance market. It is a problem that affects all of Canada and it is something we are pursuing.

AFFORDABLE HOUSING

Mr. Hennessy: I direct my question to the Minister of Northern Development and Mines. In the city of Thunder Bay, we have a waiting list of 464 for subsidized housing. There are 257 rental units under construction, but only about 90 of them are rent-geared-to-income. As he is minister for the north and made a big splash the other day when he was up there when he jumped into the pool, what has he been doing, along with his colleague the Minister of Housing (Mr. Curling), to address this urgent issue facing the people of Thunder Bay?

Hon. Mr. Fontaine: I want to remind the member that I was one of the first in northern Ontario to have a nonprofit corporation. I was the president. I know what he is talking about. I was active in politics. For 10 years, I tried to get some housing in the Hearst area and I got only 14. I was promised another 14 and they never came. I was involved in that in Hearst for the past 10 years.

I was the one who brought in the home ownership made easy plan in Hearst in 1973 after fighting for about three years to get some housing for the north. When we took over, there was a list of 500 senior citizens between Cochrane and

Hearst. We had 32 approved that year. That was the minister of housing at that time. Now we have a program that is going to produce housing for the north. I will be part of it and the member will see the result next year.

Mr. Hennessy: The Ministry of Housing proposes 2,500 subsidized units a year for the entire province over a five-year period. That is like trying to make the 40 loaves last. How many of them is the minister fighting to have in northwestern Ontario to address the crisis in affordable housing in our area?

Hon. Mr. Fontaine: Through the offices of the Ministry of Northern Development and Mines, I asked last week or the week before to have a public forum to hear what kind of housing the people want. When I was president of the nonprofit corporation, I fought to raise the subsidies from 25 per cent to 50 per cent for people who are low-income. It took us 10 years to raise it to 35 per cent and now it is 40 per cent. We are going towards 50 per cent; that is my goal. We are going to produce some. From the reports today from the north, we know we need housing for seniors that they can afford. The problem for seniors now is that those without money cannot get any housing. That is who I am fighting for.

Mr. Pouliot: The point is well taken and it is refreshing to notice that at least the people in Hearst will at long last be given the opportunity to partake in nonprofit housing. If I may remind the minister, with all due respect, Hearst—even if it is a coincidence that it is his home town—is only part of the problem in northern Ontario. Since the minister has been in office as Minister of Northern Affairs and then Minister of Northern Development and Mines, the people of the north have benefited as never before from a litany of promises. What we need, and the minister has the power—it is his mandate and his job with a firm commitment—

Mr. Speaker: Order. That is a very good speech. Did you ask your question? I did not get it.

L'hon. M. Fontaine: Cela me fait très plaisir d'entendre les questions de mon ami le député de Lake Nipigon (M. Pouliot), mais je dois lui rappeler que pendant mes voyages dans le Nord, je n'ai fait aucune promesse, à l'exception de dire aux municipalités de s'organiser avec une corporation à but non lucratif. Je leur ai dit que je pourrais les aider à s'organiser.

I told all the municipalities in northern Ontario that were not organized with nonprofits that they

had to start with nonprofits. One does not build anything in the north without nonprofits, including for senior citizens. I told them that I am ready to give them money to organize themselves. After that, we are going to produce, because we have a minister who has these things at heart.

SPRAY PROGRAM

Mr. Laughren: My question is for the Minister of the Environment, who will know that yesterday his colleague the Minister of Natural Resources (Mr. Kerrio) launched the first of a series of open houses in northern Ontario designed to present to the people of the north the options in spraying a forest to control budworm infestations across the north.

Can the minister tell me whether he thinks the following quotes are an unbiased and rational presentation of the options designed to elicit a rational response from people in the north: "The alternative to not spraying would be the total destruction of millions of trees"; or "A yearly spraying program is essential to them and to us if we wish to keep our lovely land healthy and green"; or "Forestry Expert Urges Budworm Spraying in 1986"?

Does the minister think that kind of glossy presentation, incredibly biased towards spraying, is any alternative to put to the people of Ontario? Is it an alternative to a more rational environmental assessment of what goes on in our forests regarding spraying?

Hon. Mr. Bradley: I suppose the Minister of Natural Resources is attempting to respond to many of the representations that have been made to his ministry by some people in northern Ontario and some people in eastern Ontario who have experienced difficult problems in terms of these pests that are causing considerable damage to the forests.

The member will be aware that these open houses are there to present what the Ministry of Natural Resources sees as viable options. The public is invited to comment on them. As Minister of the Environment, I invite the public to comment positively or negatively on the representations that are made and on the material that is provided. My ministry will have considerable input into the ultimate decision that will be made in this regard. All environmental considerations will be given to any final decision rendered by this government.

Mr. Laughren: I guess my primary objection is the insult to the intelligence of people in northern Ontario when the government presents a document such as this.

Does the minister really believe when he puts a return card on the back of the document designed to elicit a response from the public that the public can believe the minister is serious when the question is put like this: "Dear Mr. Kerrio: Having read this booklet, I support efforts to save our forests from this serious infestation"?

Does the minister not think that card is less than a serious attempt to get information from the public and resembles more a Russian ballot?

11 a.m.

Hon. Mr. Bradley: As a student of politics, the member will know that in many jurisdictions, including south of the border, there is an opportunity for those who wish to do so to write in a candidate's name from time to time. In this case, as Minister of the Environment, I invite those who have an opinion to express on this issue, to agree with the program the ministry has put forward, to write in their disapproval of that program, or to write further comments in the form of a letter, both to the Minister of Natural Resources and to me, so that all environmental concerns regarding this issue may be met, as I, as the Minister of the Environment, indicated they would be.

Mr. Pierce: Knowing the Minister of the Environment is working hand in hand with the Minister of Natural Resources on any spraying program that may take place in northern Ontario as well as in southeastern Ontario, is the minister prepared to provide us with a guarantee that the Ministry of Natural Resources will not be given an exemption on the environmental protections for an assessment?

Hon. Mr. Bradley: My understanding is that what is called a class exemption exists at present, and has for some time, in regard to this. The Natural Resources people have provided a document to our ministry, which they were required to do by the end of the year, dealing with forestry management. Among the issues concerned in this, I believe, is the issue of spraying.

They actually have an exemption already. However, to meet that exemption, they have to meet a number of different stipulations and conditions to be in a position to undertake those activities. That is why they have to go through the process of open houses, which they are pursuing at present. That is why there must be consultation.

I know the member is vitally concerned about the damage being done to the forests in the north, and I can assure him my ministry will go over with a fine-tooth comb all the material that is provided. As the minister, I invite the people in

this province to write their representations to me in order that—

Interjections.

Mr. Speaker: Order. I think that is a satisfactory answer.

SCHOOL BOARDS AND TEACHERS COLLECTIVE NEGOTIATIONS ACT

Mr. Davis: I have a question for the Minister of Education. I preface it by thanking a number of my Liberal colleagues across the House who stood yesterday in support of my private member's bill. I thank them for their concern for the young children of this province.

Can the Minister of Education give us a time frame when he will create the legislative select committee to review the School Boards and Teachers Collective Negotiations Act?

Hon. Mr. Conway: I appreciate the Friday morning question from my honourable friend the member for Scarborough Centre. I have indicated on previous occasions my willingness to review the issues that concern him and members of this House with regard to Bill 100. He knows, as does the Leader of the Opposition (Mr. Grossman), that this Legislature, seized as it is of the historic reform agenda this new government has brought forward to the people of Ontario, has a very busy timetable and that the standing committee on social development, of which the member is so sterling a representative, has a busy agenda.

I can tell the member that this minister and this government are quite prepared to look at the issues that concern the assembly with respect to Bill 100. I have suggested on previous occasions that a first step in that direction might be the estimates debates of the Ministry of Education, which I await with much anticipation.

SPEAKER'S VOTE

Mr. Speaker: In reference to that last question, the members may be interested in knowing, because of the tied vote yesterday, that the last vote cast by a Speaker was on April 22, 1904.

Mr. Andrewes: What happened to that Speaker?

Mr. Speaker: He is not here any more.

[Later]

Mr. Allen: Mr. Speaker, since the Speaker's casting a vote is such a rare occasion in the proceedings of this House, perhaps you would add to our information by telling us which way the Speaker voted in 1904.

Mr. Speaker: It was nay, was it not? If I remember correctly, it was on an amendment to a motion for third reading, and he voted nay.

NUMBER OF QUESTIONS

Mr. Speaker: I was keeping track of the questions this morning. Since June 4, the greatest number of questions we have had during question periods, other than the leaders' questions, has been 11. Today we managed to reach 13; so we are progressing.

REPORT

STANDING COMMITTEE ON ADMINISTRATION OF JUSTICE

Mr. Brandt from the standing committee on administration of justice presented the following report and moved its adoption:

Your committee begs to report the following bill with certain amendments:

Bill 11, An Act to revise the Change of Name Act.

Motion agreed to.

Bill ordered for third reading.

POLITICAL AFFILIATION

Mr. Breaugh: On a point of order, Mr. Speaker: Written questions 183 to 190, which have been submitted, ask for the political affiliation of certain employees of the ministry. I am told by some people that when I hire someone, for example, I cannot ask the question of political affiliation because it is against the new Canadian Charter of Rights and Freedoms. I ask for a ruling from the chair as to whether it is proper to put a written question that asks for the political affiliation of certain employees of the ministry.

Mr. Speaker: I am afraid I cannot give you an immediate answer. I will take a look at it.

MOTIONS

PRIVATE MEMBERS' PUBLIC BUSINESS

Hon. Mr. Nixon moved that Mr. South and Mr. Poirier exchange positions in the order for precedence for private members' public business.

Motion agreed to.

COMMITTEE SITTINGS

Hon. Mr. Nixon moved that the standing committee on administration of justice be authorized to meet following routine proceedings on

Tuesday, January 21, 1986, and in the afternoon of Wednesday, January 22, 1986.

Motion agreed to.

ORDERS OF THE DAY

ESTIMATES

Hon. Mr. Nixon moved, seconded by Hon. Mr. Conway, resolution 14:

That in the committee of supply, the estimates of the Ministry of Treasury and Economics be considered before the estimates of the Ministry of Intergovernmental Affairs; that the estimates of the Ministry of Tourism and Recreation be transferred to the standing committee on regulations and private bills and be considered for nine hours; that in the standing committee on general government the estimates of the Ministry of Skills Development (including supplementary estimates) be considered for five hours; and that in the standing committee on resources development the estimates of the Ministry of Municipal Affairs (including supplementary estimates) be considered for five hours, the estimates of the Ministry of Housing (including supplementary estimates) be considered for 10 hours, and the estimates of the Ministry of Industry, Trade and Technology be considered for nine hours and be considered before the estimates of the Ministry of Natural Resources.

Hon. Mr. Nixon: The honourable members will be interested in knowing that the motion adjusts the allocation of time for the discussion of estimates. It moves some of them to other, more convenient committees. The aim of the motion is to reduce the number of hours that would be applicable for these discussions as provided for under the rules. Although there is no particular aim, it would be possible to complete these discussions some time in the second week of February if other business does not intervene.

Motion agreed to.

THIRD READINGS

The following bill was given third reading on motion:

Bill 95, An Act respecting Science North.

AMUSEMENT DEVICES ACT

Hon. Mr. Kwinter moved third reading of Bill 97, An Act respecting Amusement Devices.

Mr. Ashe: I know it is somewhat unusual to place remarks on the record on third reading of a bill, but I wish to do so regarding Bill 97. The reason is that I had an opportunity to meet yesterday with quite a contingent from the

amusement ride industry at its request. We were not aware of some of its concerns prior to the bill's debate on second reading on Tuesday.

We will be supporting the bill, but I thought it was important to get on the record some of the concerns that were brought forth of which the minister may not be aware.

11:10 a.m.

Mr. Speaker: Order. I draw to the member's attention that on third reading, you can discuss reasons why you oppose the bill, but you just said you were going to put matters on the record. If members of the House agree, you can do it briefly.

Mr. Ashe: Thank you, Mr. Speaker. I do not see the purpose in opposing the bill *per se*, but if it makes you feel better, I will. I do not think anyone, including the industry, is against the principle of the bill, which is obviously the safety of the consumers, the general public, the taxpayers of Ontario. Regardless of political affiliation, I do not think anyone is opposed to that principle.

I will put my concerns briefly. On second reading, the minister indicated in his statement that there had been ongoing dialogue and virtual unanimity within the industry about the bill. I want it on record that this is not so. There has been very limited dialogue, and the industry does have some concerns about the bill, albeit I am sure they can be addressed by regulations.

The industry met with the minister's senior staff on Monday of this week and asked when the bill might be considered for second reading. They were told, "We do not know, but we do not think it is imminent." However, it happened the very next day. I find it very disconcerting that any group of ratepayers should be dealt with in that manner.

Some of their concerns are the cost of registration fees and inspections, which they feel will put some of them out of business. They also say the police authority is rather unusual. I do not think there is any disagreement with a qualified inspector doing his job, but they are concerned that the bill purports to give police virtually absolute authority. I think we all agree that is not necessarily their area of expertise.

They hope the minister will allow them an opportunity to meet with him to voice their concerns directly and to have some input in the regulations that will be drafted. In the minister's statement on second reading, he indicated there was going to be a significant opportunity for the amusement ride sector of the industry to do that,

and it is only appropriate that meetings take place.

I appreciate the opportunity to put those brief remarks on the record.

Motion agreed to.

House in committee of the whole.

FAMILY LAW ACT

Consideration of Bill 1, An Act to revise the Family Law Reform Act.

Mr. Chairman: Are there any questions, statements or amendments to the bill, and if so, to which sections?

Hon. Mr. Scott: There are amendments to subsections 7(3) and (4), subsection 38(2) and subsection 72(2), all in both the French and the English versions.

Sections 1 to 6, inclusive, agreed to.

On section 7:

Mr. Chairman: Shall subsections 7(1) and (2) stand as part of the bill? Agreed.

Hon. Mr. Scott moves that subsections 7(3) and (4) of the bill be struck out and the following substituted therefor:

"(3) An application based on subsection 5(1) or (2) shall not be brought after the earliest of,

"(a) two years after the day the marriage is terminated by divorce or judgement of nullity;

"(b) six years after the day the spouses separate and there is no reasonable prospect that they will resume cohabitation;

"(c) six months after the first spouse's death.

L'hon. M. Scott propose que les paragraphes 7(3) et (4) du projet de loi soient remplacés par ce qui suit:

"(3) La requête fondée sur le paragraphe 5(1) ou (2) n'est pas introduite après la première des dates suivantes:

"(a) deux ans après le jour où le mariage prend fin en vertu du divorce ou du jugement de nullité;

"(b) six ans après le jour où les conjoints se séparent et qu'il n'existe aucune perspective raisonnable qu'ils cohabitent de nouveau;

"(c) six mois après le décès du premier conjoint."

Hon. Mr. Scott: The purpose of this amendment, which should have been made in the standing committee on administration of justice, is to correct a slip in the drafting of the existing section 7, which would revive a right to apply where the spouses were separated for more than six years and one of them died. That was not the intention of the original draftsman or of the committee that reviewed the bill.

Motion agreed to.

Section 7, as amended, agreed to.

Sections 8 to 37, inclusive, agreed to.

On section 38:

Hon. Mr. Scott: I indicated that there was a change here in both the English and the French versions. That is not correct. The amendment proposed is in the French version of the act only.

Mr. Chairman: L'hon. M. Scott propose que la version française du paragraphe 38(2) du projet de loi soit modifié par substitution, aux mots "à l'indice" à la quatrième ligne, des mots "au facteur d'indexation."

11:20 a.m.

Hon. Mr. Scott: The reason for this is simply an error in the French version, in that it and the English version are not consistent. The new language makes the two versions of the act consistent.

Motion agreed to.

Section 38, as amended, agreed to.

Sections 39 to 71, inclusive, agreed to.

On section 72:

Mr. Chairman: Hon. Mr. Scott moves that subsection 72(2) of the bill be amended by striking out "subsection 7(3)" in the first line and inserting in lieu thereof "clause 7(3)(b)."

L'hon. M. Scott propose que le paragraphe 72(2) du projet de loi soit modifié par substitution, aux mots "au paragraphe 7(3)" à la première ligne, des mots "à l'alinéa 7(3)(b)."

Motion agreed to.

Section 72, as amended, agreed to.

Sections 73 to 77, inclusive, agreed to.

On section 78:

Mr. Warner: Section 78 deals with the date of proclamation. I understood through discussions that the Attorney General was interested in having the bill take effect as of February 1 and was planning some instructional sessions for lawyers in the latter part of this month. I am curious to know whether that kind of timetable is, in fact, what he has in mind and whether it can be met. If not, are there any problems? Do we have to advance the date?

Hon. Mr. Scott: Our original intention was that the bill be proclaimed in effect on February 1. Before it can be implemented in practice it will require some rule changes, which are made by the judges' committee of the provincial court, family division, and it will require an instructional course for the members of the bench, for whom

much of this bill is new, and an optional course for lawyers.

This timetable could have been met had we been able to pass the bill before Christmas. It is now excessively tight and it is unlikely the rule changes can be made in the time available. Therefore, we propose that the bill be proclaimed and in force on March 1.

Mr. O'Connor: The minister and everyone are well aware that the property division sections of the bill are retroactive to June 4 of last year. The bill has been before the House since that time. It has been debated in committee and in public. There have been public hearings with respect to it. The bar and the bench are well aware of its provisions. The confusion and difficulty of its not being fully in effect have created considerable delay and considerable costs to many people who are before the courts on these matters now.

In view of the fact that the substantive parts of the bill are retroactive in any event, I wonder why it is not possible to give it royal proclamation on February 1 or even sooner.

I understand what the minister has said, but all of the provisions of the bill are so well known that, whether these instructional periods take place immediately before or immediately after, I do not see that it would have very much effect on anything. On balance, the far greater good is that the thing become law as soon as possible so people can get on with their cases, which have now been delayed eight or nine months pending getting on with this business.

Hon. Mr. Scott: There is no end to ingenuity. We have been anxious to call this bill for some weeks now, and on two occasions we have been impeded from calling it by the Conservative critic who said his caucus was not ready to deal with it. That is why the bill was not passed weeks ago but comes up for third reading today. I was not going to make a point of that, but I will not allow my honourable friend at the same time to assert that the bill is delayed. He knows the cause for the delay, and I want to make that a part of the record.

The reason the request is sought is that the judges have to make the rule changes, and since it is being passed only today it will be difficult to make those rule changes in the week or 10 days that now remain before the end of the month with appropriate consultation with members of the bench.

That is why we have decided to pick March 1. It will allow the considered rule and form changes to be made and will allow the confer-

ences, for which thousands of practitioners as well as judges have registered, to take place. Those conferences are fixed at present for the end of January. If the bill had been available earlier I have no doubt we could have proceeded with the originally intended date.

Mr. O'Connor: I want to make some things clear on the points raised by the Attorney General. He is well aware of the fact that on the Tuesday prior to Christmas, on the day after the bill cleared committee hearings, our party made public by way of a press release distributed in the gallery and all around the province our wish to deal with the bill on third reading before Christmas. I believe the Attorney General knows well that the reason it did not come forward for third reading before Christmas is that he or someone over there failed to put the matter in Orders and Notices on one of the four subsequent days.

On Friday of that week, the last day we sat before Christmas, he came to me asking for unanimous consent to change the Orders and Notices of that day. He spoke with his House leader, who is in the House now, and our House leader. It was simply impossible, given the time constraints existing at that time.

The second alleged delay occurred last week, when he came to me with two further amendments to the bill some hours before he was to propose third reading. He knows that this is not how the House operates and that the rules do not permit him to do that. I must have notice of these things so I can bring them to my 50 colleagues in my caucus to discuss them. That is the regular procedure before this House, and I chose—quite correctly, I suggest—to follow that procedure.

The delays in bringing this forward have been entirely on that side of the House. I object to his alleging that we are somehow responsible. I know he is getting that message out, because I have had calls from some of the newspapers with regard to that same allegation and I have taken great pains to straighten them out. He simply did not get it in Orders and Notices the last week before Christmas, and it is his fault.

11:30 a.m.

Ms. Gigantes: On the same point, many of the remarks by both previous speakers are accurate. However, I would suggest that to pursue this discussion does not advance our purpose here today. I wonder whether the minister would not consider that we draw together post-haste the necessary consultations and considerations and see whether perchance we might not scrape

through with well-considered regulations before the House rises.

It sometimes happens that the House will set itself a goal of rising at such-and-such a date and it can fall behind that schedule by a day and a half, two days or maybe three days. I am sure the Treasurer (Mr. Nixon) would indicate to the Attorney General that it has been known to happen for even longer than that.

It might well be that we could deal with these matters before the House rose and then proceed to early proclamation. The degree of urgency on this matter is very high. Whatever the background to our failure to get this legislation passed well before this point, let us leave that behind us now and assume that, with the best effort, we can try to get the matter resolved before the House rises.

If we do not get it done before then we have lost nothing, but at least we tried. It is important that we try to do it for the groups and the people in Ontario who are waiting so anxiously to have this bill proclaimed.

Hon. Mr. Scott: I undertake to use my best efforts. The practical difficulty is that the regulations or rules are not passed by the Lieutenant Governor. They are passed by the rules committee of the provincial court, family division, which has about 11 members, and the Supreme Court and District Court rules committee, which has close to 30 members.

Those members come from all over Ontario, not merely from Toronto, and there is a time frame involved in getting them together to look at the review and the rules that are proposed, and to consider amendments. Frankly, if they followed the leisurely process of our committee it would be long after March 1 before they got their rules together.

I will put whatever pressure I can on them, within reason, to see if the rules cannot be put into place at the earliest time. Consistent with that, and the obligation to establish the courses, with printed copies of the material, with notice and due time, I will make every effort to see that the earliest date possible is utilized, but I anticipate it will be near, if not on, March 1.

Ms. Gigantes: I appreciate the commitment of the Attorney General and I hope he will be able to achieve what we are looking for in this case. I feel compelled to note that there was nothing leisurely about the way the committee proceeded. We may have been disorganized at points, but I do not think it was a question of our taking the matter in a leisurely fashion.

Mr. Warner: I initially raised a simple question designed to elicit information. I apologize for having done so.

Section 78 agreed to.

Section 79 agreed to.

Bill, as amended, ordered to be reported.

On motion by Hon. Mr. Nixon, the committee of the whole House reported one bill with certain amendments.

THIRD READING

The following bill was given third reading on motion:

Bill 1, An Act to revise the Family Law Reform Act.

HEALTH CARE ACCESSIBILITY ACT (continued)

Resuming the adjourned debate on the motion for second reading of Bill 94, An Act regulating the Amounts that Persons may Charge for rendering Services that are Insured Services under the Health Insurance Act.

Mr. Warner: I appreciate the opportunity to participate in this debate. I wish to begin by suggesting that this matter, as with most substantive matters, is not simple. There is a tendency to generalize when we debate a number of items. Some of the members who have spoken previously have tended to generalize the situation, and it is not one which lends itself readily to a generalization.

There are doctors in Ontario who support the notion that the extra billing provision should end, and they have stated so publicly. There are doctors who maintain that extra billing should not end, that this is an infringement on their rights, privileges and freedoms and a very wrong thing to do. There are doctors who have never extra billed but support the concept and support their colleagues who do extra bill. I dare say there are some doctors who are currently extra billing who are quite prepared to live with the prospect of not being able to do so.

So it is not a simple matter. It is not one which, with respect, can be generalized. I suspect many of those doctors who are very hard-line about losing their right to extra bill are perhaps not so much concerned about the loss of income, which will be considerable in some cases, but with what they see as a much deeper problem, and that is their loss of control over the health care system. Historically, medical doctors have been the ones who have directed the health care system.

I am not going to say whether that is appropriate or inappropriate, but they have been the ones who have directed and controlled the health care system. Many of them now have the perception they are losing that control, that this is but one step and the next step will be a more direct involvement by the government in how health care services should be delivered. Therefore, they are very upset because extra billing, as they see it, is the tip of the iceberg.

Doctors in this province are extremely important in the delivery of our health care system. They are essential to it. There is no question about that. Their highly-developed skills and experience have saved many lives over decades, and I do not think anyone in this assembly would deny that.

There is, however, a bigger issue. For those doctors who are not prepared to look at it, I feel some regret. The bigger issue is the concept of health care in its entirety, not just simply the doctor's role but that of health care givers in every aspect of what we determine is health care.

Our party has taken the position over a very long time that the delivery of health care is a right for every citizen. It is not something which is provided on the basis of one's ability to pay. A health care system should not be part of the capitalist free enterprise system. It has absolutely nothing to do with the economy in the sense of operating as a business. Surely the delivery of health care is not a business and should not be viewed in that way.

11:40 a.m.

Until recently, this point of view has never been shared by people other than New Democrats and the supporters of the New Democrats, or their forerunners, the Co-operative Commonwealth Federation. More recently, we have seen some conversions to this way of looking at things right across the country. Not just in Ontario: it was governments, and not New Democratic Party governments, in British Columbia and Saskatchewan that ended extra billing in those provinces. The forerunners of the party I represent, those in the Co-operative Commonwealth Federation, were pioneers in this way.

It has taken a long time, but slowly and surely other political parties have come full circle in understanding what the concept of health care is all about, that whether one receives health care should not be dependent on the ability to pay. We know that was not always the case in Ontario. Unfortunately, in years gone by one received health care in this province only if one could pay.

If one could not pay, one did not receive health care.

Miss Stephenson: On a point of order, Mr. Speaker: The member is absolutely incorrect and it would be appropriate if he were to withdraw that remark.

Mr. Warner: I will be most pleased to elaborate on the remark. I would like to inform the member for York Mills, whom I have awakened, and I will try to do this without becoming totally angry—

Mr. Cousens: If the member for Scarborough-Ellesmere had half the brains and the spirit of democracy of the member for York Mills he might be doing a good job.

Mr. Warner: If the member for York Centre is finished nattering, I will go on.

Mr. Cousens: Then do not put down the member for York Mills.

Mr. Warner: I will put her down and I will tell the member why.

The Acting Speaker (Mr. Morin): Order.

Mr. Warner: If the member waits around for a little while he too will have the opportunity to participate in the debate. Until then, Mr. Speaker, is it your intention to invoke order in this House?

The Acting Speaker: Just ignore the interjections, address your remarks to the chair and we will listen.

Mr. Warner: That is a great idea. We will talk above the member who is nattering.

I carry and will always carry in the front page of our family bible a little clipping from a newspaper. The clipping from the newspaper is about the sale of my grandfather's house that was brought about because of medical bills. My grandmother was seriously ill for 10 years. My grandfather attempted to pay for her care. It was quite apparent that if he did not have the money she would not get the care.

Miss Stephenson: This is not true.

Mr. Warner: When he exhausted his funds, he took a second mortgage on the house. As the medical bills piled up—

Miss Stephenson: But it is not true.

Mr. Warner: I realize it is painful for the member to listen to this. It is painful because the members of her party were the ones who supported this nonsense where people ended up selling their homes to obtain health care. That is precisely what happened. My grandfather's house was put on the market to pay the medical bills to the doctor, because otherwise my grand-

mother would not have received any medical care.

Miss Stephenson: That is not true.

Mr. Warner: It happens to be true. It is part of the sad and sorry legacy of this province because of the member and her party. Thank goodness we put an end to that.

Mrs. Marland: May be you could tell us.

Mr. Warner: I will tell that member that I will never forget it. That is why I fight so strongly for medicare. It is because the member does not understand that her party has always fought against medicare and was dragged kicking and screaming into it in 1969-1970.

Prior to that, through the 1930s and 1940s, when our party fought strongly for medicare, the member's party fought against it, equally as strongly. They said: "So what if somebody has to sell his house to pay medical bills? Big deal; it does not matter." It does not matter to the member and it does not matter to most Tories, but it happens to matter to me very much. As long as I live I will carry that little clipping from the newspaper about the sale of the family home. No one in this province should ever be faced with having to sell his house to pay medical bills. As long as I am alive, I will fight for that, notwithstanding the concerns of the member for York Mills.

I suspect that when the dust settles on this, the vast majority of the people of Ontario will be quite pleased that we have ended extra billing. It is a matter in two parts. First, it is a financial matter. We lose \$1 million or more from the pockets of the people of Ontario every week. An equal amount is withheld by the government of Canada. It is a very severe financial situation.

More important than that, frankly, is the principle that we should have one-price medicine. Health care should be available to every citizen in this province regardless of ability to pay. The moment the government allows extra billing, which it does, it harms that principle.

As Mr. Justice Hall said, "Eventually the extra billing process will undermine and destroy the medicare system." Surely, after the decades that we have spent trying to build our system, we do not want to see it destroyed. It is too precious.

I have a very interesting quote from what is to me a surprising source. "Bette Stephenson called the bill a blatant act of terrorism against the medical profession."

The Acting Speaker: Please refer to the member by the riding and not the name.

Mr. Warner: I am sorry. Mr. Speaker, I am reading a direct quote from an editorial. I am allowed to do so.

"Bette Stephenson called the bill a blatant act of terrorism against the medical profession." It was an embarrassingly intemperate remark from a former cabinet minister, but not surprising from a person who was once president of the Ontario Medical Association, the doctors' union.

The editorial, from the Kingston Whig Standard, says: "People know that medicare is one of Canada's finest achievements. They treasure it. They expect it to be carefully guarded." That is our responsibility. I could not have put it better myself. That is precisely what this issue is about: the protection of our system, the guarding of our system and, in fact, the improvement of the system.

To be fair, I have spoken with a number of doctors, some of whom are specialists and others who are general practitioners. They tell me that while they have a concern about the extra billing issue, they have other concerns which they feel deserve equal attention, and I agree. The doctors say that while some doctors are upset about losing the privilege to extra bill, they are also concerned about the state of our hospitals. Hospital care has been severely cut over the past 10 years in particular. They are concerned about the province's commitment to expand the insured services. They are also concerned about the opportunity for the upgrading of skills, especially in the remote areas.

They have a number of concerns related to how they are able to use modern equipment and make use of the hospitals. These concerns need to be addressed. Instead of addressing those concerns and attempting to expand our health care system over the past 10 years, the Tories launched quite a mean attack on the health care system and cut back drastically in transfers to the hospitals.

The latest budget of the Treasurer (Mr. Nixon) has increased the amounts allotted to hospitals. This is a good move. I am very pleased to see that.

11:50 a.m.

When we debate the prospect of removing the extra billing that some doctors hold to be quite dear, they argue that they require this because they are not properly reimbursed through the system.

On the other side of the coin, we have to recognize that, in many instances, we provide an office in a hospital for the doctor. We provide the facility in which he or she works. We have

shelled out probably in the neighbourhood of \$250,000 per person for the education and training of a doctor. I am not saying that is wrong; I think that is proper. I think we should be doing that, but in fairness, when a doctor complains about losing income, I think we have to look at what we the public have put in. We have put in a lot. We have provided hospitals and we have provided for education and a bill collection system.

We heard stories a while back of high-priced doctors leaving the province and going to Texas and other exotic spots where they could make vast sums of money. I understand many of those have since returned to Ontario. Why? Elsewhere, while they were allowed to bill whatever the market would bear, they encountered other little difficulties. For starters, they had to move into an area and establish a clientele, against already established doctors. There is malpractice insurance, for which I understand the rates are quite high. They then had bill collection problems.

None of these little irritants exists here in Ontario. The doctor is reimbursed through the Ontario health insurance plan and receives a cheque. There is no difficulty. The doctor does not have bad debts. To some doctors, I suspect that is very nice. I gather some lawyers have concerns about bad debts and trying to collect from clients who do not pay. Obviously, doctors here do not have that difficulty.

Some of the reading in the debates was rather interesting. I do not mean to be provocative at all when I read this, but I found it fascinating that, while we now have the Liberal Party agreeing with the concept of ending extra billing, all members may be reminded that on June 23, 1969, there is a record in Hansard on a bill presented before the House on OHIP.

A reasoned amendment was put forward by the New Democrats, sponsored by the leader at the time, Mr. MacDonald. He said, in part, the bill "fails to prohibit extra billing by participating doctors, thereby supporting a deterrent to use, which runs contrary to the principle of equal access to medical care services for everyone in Ontario."

It was part of a four-part resolution. The resolution was brought to a vote and, after the bells had stopped ringing, the Liberals and Tories stood together to vote against that proposal. Listed here in addition to the other names is the member for Brant-Oxford-Norfolk (Mr. Nixon). The member for Grey-Bruce (Mr. Sargent) is here as well and the member for Perth (Mr.

Edighoffer). These folks are still part of the team around here.

In 1969, they were opposed to the notion of ending extra billing. However, today it is a different story. I am very grateful for the change in mind.

On the other hand, I gather from previous speeches that the Tories are voting against this bill. That is not surprising to anyone because they have consistently supported the notion of extra billing and so it would be entirely consistent for them to vote against this bill. In their view, I suppose extra billing is part of the free-enterprise system. It is kind of akin to running a hamburger stand or any other business. One charges what the market will bear and tries to exact as much money as one can. That is part of a free-enterprise system; therefore, it is not surprising they are opposing the bill.

Mr. Grande: However, they will not dare to vote against it.

Mr. Warner: They are voting against it and that has been clear from their speeches.

Mr. Grande: They will change their minds.

Mr. Warner: I want to touch on one last item before I conclude. It was suggested in an earlier speech that one of the reasons to support this bill is simply because it is a populist thing to do. Like others, the Conservatives have taken readings of public opinion. The rating of public opinion generally is that it is strongly in support of ending extra billing.

In my own riding, the survey indicated 70.2 per cent wishes to end extra billing, an additional nine per cent of people was unsure and the balance was opposed. I suspect that is general across the province.

I wanted to remind the Conservatives who feel it is being done because it is popular that we know it is popular but that is not why it is being done. It is being done on a matter of principle. The principle is universality of our medicare system.

Quite frankly, I think passing this bill is step number one. The next step is expanding our health care system in so many ways. I suggest starting with denticare for seniors. I am sure the idea is not foreign to the Tories, but imagine supplying dental care for senior citizens and children.

These are advances which have been achieved in other provinces and Ontario lags behind. There is nothing unusual about that. Those are goals and challenges for us. When we have completed this bill and righted a wrong, then we

can move on to meet the challenges of expanding our health care system.

It is with pride and pleasure that I take the opportunity of participating in this historic debate. I look forward to our passing this bill, notwithstanding the votes. In fact, the Tories voting against it gives me a certain sense of security. I know that some things never change.

Mr. O'Connor: Mr. Speaker, thank you for the opportunity to speak on Bill 94, which is a very contentious, emotional and, to a number of people in the community these days, very disturbing piece of legislation.

I will not attempt to respond, or be drawn into responding or replying, to many of the inaccurate remarks of the member for Scarborough-Ellesmere (Mr. Warner). In serious debate in this House, I sometimes wonder about the necessity for members to attack other members and other parties by suggesting motives for positions they take when in fact those are incorrect.

I think it is a situation we are seeing frequently. I think it is one which is perhaps unnecessary in the course of debate on a serious and contentious piece of legislation before the House.

Mr. Grande: That is what debate is all about, my friend.

Interjections.

12 noon

Mr. O'Connor: I agree in response to those interjections that is what debate is all about. However, it should be primarily involved with putting one's position to the House and attempting to convince one's fellow members, the public and the press. To spend as much time as the previous speaker did in putting the position of another party that in my opinion is totally inaccurate and unfair, is neither productive nor fruitful.

Bill 94 does not specifically deal with extra billing, although it has been portrayed as doing so by the government and its supporters in the New Democratic Party. There is another side to the argument which has been eloquently put by many of the 17,000 doctors in Ontario and by many of the patients of the 17,000 doctors, whether they are doctors who have opted out of the plan as it now exists or doctors who have chosen not to opt out and who bill only OHIP rates and receive payment from that plan.

I have spoken to many people—doctors, patients and members of the general public—about this issue. I will agree that if simply asked a question dealing with extra billing along the lines

of "Do you favour allowing some doctors to make more money than others?" or "Do you favour extra billing?" the majority of the people will not agree. However, our responsibility in this House is not to pander to the majority on each and every issue that comes before us, but to stick to principles and pass responsible legislation which, when fully explained to the public, would probably gain support.

If the issue is put to people on the basis of accessibility to the health care system, the quality of health care to be delivered to the people of the province, and they are asked whether, to maintain the high quality that exists and has existed over the past number of years under our current OHIP system, they would be agreeable to some more experienced, some longer-serving, some better-educated doctors being permitted to make some small amounts more than some of their confrères, most people will agree. They will say: "Yes, that is a fair and reasonable system that has worked in the past. We are in complete agreement that the health care delivery system in Ontario is a good one. It is one of the best in the country and should be maintained."

The concern that some of us have on this side of the House is that when this bill is fully implemented, it will have a negative effect on the health care delivery system. In the long run it will create many more problems than it allegedly attempts to solve. Approximately only 12 to 13 per cent of Ontario's 17,000 doctors have chosen to opt out of the OHIP plan. Of that total, only about five or six per cent of all the doctors in this province actually extra bill any amount. In the vast majority of cases where doctors have chosen to extra bill, the amount involved is small, insignificant and well within the means and ability to pay of the patients with whom they are dealing.

Some problems admittedly cannot be avoided. There have been some instances where doctors, through greed or other motives, have charged patients an exorbitant amount of money. If the situation were to be examined, we would find that there might be 50 or 75—fewer than 100 doctors in total—who fall into that category. In any group of 17,000 people, some will attempt to abuse the system and, for motives of their own, may charge more than the market they are dealing with can bear, more than is warranted or fair in the circumstances. When the numbers are that small, why is it necessary for the government to use the legislative sledgehammer it has used in this case to solve a problem of such small magnitude, involving 50 to 75 doctors in total?

I point out the situation of my own profession. There are approximately 17,000 lawyers practising in Ontario. They are not under a general system of government control, government organization or government payment to them. They have the option in certain circumstances to avail themselves of the legal aid plan, quite correctly, but as a general matter, they do not. There is that difference.

However, there is a significantly larger number, 100 lawyers out of that 17,000, who abuse the system. They become involved in schemes with their trust funds which they ought not to be involved in and appear annually before the disciplinary committee of the Law Society of Upper Canada and before the courts. There is no suggestion on the part of the government that a similar sledgehammer to the one being used here—that is, total socialization of a profession—is the answer to that problem. I do not think that is the answer to the problem with regard to the medical profession.

The medical profession has taken steps to ensure that no person or patient in this province ever goes without the best medical services. As I indicated, about half the opted-out doctors actually charge above the OHIP rate. Of those, in certain circumstances where the patients needs are such that they have difficulty paying that fee is waived.

I spoke to a constituent recently, a lady who has three children with medical difficulties. All three kids are under seven years of age and they have had the necessity of some nine operations since they were born. In each case she was dealing with an anaesthetist in Oakville who is opted out, as they all are in Oakville. In each case she dealt with a different anaesthetist. There was the same anaesthetist on one or two of the operations at issue, but in none of the nine operations did she ever receive a bill from the doctor for any amount over the OHIP amount. She did not have any previous conversation with the doctor about the situation. It was a case where the doctor assumed there might be a condition of hardship and chose not to issue the bill to her in those circumstances.

Doctors are sensitive to the needs of their patients, and in a case where there is any suggestion that there will be a difficulty in paying, the fee is usually waived. That is how that is handled traditionally.

There is also a telephone system set up by the Ontario Medical Association for referrals to doctors who are opted in, to provide a service

where a patient is having difficulty because of the opted-out and extra fee situation.

The law as it stands provides that an opted-out doctor must notify his patient in advance if he intends to extra bill and of the amount he intends to extra bill. In these circumstances the patient would have the option to accept what the doctor is saying and pay the extra amount or to seek services from a doctor who does not choose to opt out and extra bill.

The vast majority of doctors in this province practise within the plan. I have indicated the figures are somewhere between 88 and 94 per cent for those who practise within the plan, even though the option has always been available to them to opt out and to charge an extra fee. It is not a question, therefore, of the desire for doctors to make more money.

12:10 p.m.

The objection coming from doctors around the province is not based on their overwhelming desire or their greed, as was suggested by the previous speaker. When objection comes from the vast majority of the medical profession, 90 per cent plus of whom do not extra bill, it simply means a large number of doctors out there do not intend to avail themselves of the privilege of extra billing, yet object violently to the actions this government is taking against their profession.

There is a principle at stake; it is not the money. The principle is one of adherence to a social contract that was established some 18 years ago, when the medicare system was introduced to this province as a result of negotiations between the profession and the government of the day. The doctors were permitted their independence to opt in or to opt out; it permitted the freedom to make that choice. That contract, upon which the doctors agreed to become involved in the medicare system, involved the right to opt out of the system and to charge extra if they saw fit. The actions of the government in introducing Bill 94 are a breach of that contract, and it can well expect objection to those actions by the other parties to that contract.

To quote the current Premier (Mr. Peterson) when he was Leader of the Opposition, in talking about the right of doctors to opt out, he referred to the system as a safety valve; a safety valve, I presume, to encourage doctors to stay in the province and to encourage doctors of additional competence or experience to remain with us and to provide their services to the people of this province rather than to people of other jurisdictions where such a system does not exist.

The concerns of the medical profession on this point are several. They see Bill 94 and the taking away of their right in this regard as a clear and unequivocal step towards socialized medicine. Some might argue that this is a desirable social step and one that should be taken; that socialized medicine, socialized legal services, socialized everything is the way this province should be going.

I wholeheartedly disagree. The experience that a number of previous speakers have cited, one we should all be cognizant of, is that of Britain. The socialized medical system in Britain, as everyone now recognizes, is a disaster. It was introduced a number of years ago for perhaps the best of motives, motives similar to the direction in which this government now is progressing.

It has led to a clear two-class system of delivery of medical services, one that has become horribly costly during the past several years; one in which waiting-lines for medical services have become interminable; one in which the better-off, the rich, are entitled to better services than those who are not so fortunate, and one that has achieved an end directly contradictory to the end that was intended when the system was first introduced. The same argument can be made with respect to the ultimate end of the system we are now amending to the degree to which we are amending it.

In 1980, the cost of delivery of the socialized medical system in Britain was nine billion pounds. By 1983, that cost had risen to 16 billion pounds. It had almost doubled in the course of three years. Interesting also—and this point has been made by other speakers—is that the unions, which are more numerous, apparently more vocal and stronger in their points of view than those we are used to in Ontario, which initially led the fight for socialized medicine, now routinely attempt in their negotiations with companies to include private treatment coverage for their members. They no longer wish their members to be subjected to the socialized medical system, which they were primarily responsible for bringing about in the first place. That fact alone says enough about the need to avoid the direction we are going.

It has been suggested that Bill 94 will ultimately lead to a decrease in the quality of services offered by the profession. The example of Britain that I have just cited should be uppermost in our minds. It is argued that the doctors who now are permitted to make some additional funds by opting out of the plan will see

a need to see more patients, spend less time with each patient and less time on each service delivered to maximize their income. It is argued that the result will be a lessening of the quality of service delivered to people they formerly were able to see for a greater period of time or more often by charging a slightly additional fee.

It has been argued that some doctors will leave the province to seek greener pastures. There are the difficulties outlined by the member for Scarborough-Ellesmere. On balance, we are perhaps going to lose some of our better doctors, some of the doctors who have greater experience, who have opted out and who see the opportunity to do better in another area. Whether that perception is correct is not the point. They will leave and deprive us of the skills and experience of some of our much better doctors.

The primary concern of the medical profession that the doctors have made to me is maintaining the principle of independence, of acting as a free profession. They see this bill as a move towards socialism, making all doctors subject to the same rules and regulations and making all doctors civil servants. They want to be free at least to have the opportunity to opt out. As I have indicated, although the majority of them want the freedom to do so, the majority of them do not seem to wish to. They want freedom from oppressive government regulation of their profession.

They see this as a move towards characterizing or categorizing them as civil servants. If that is the case, why do we not simply pay doctors a salary? Why do we not afford them the benefits and pension rights that we do other civil servants? Why do we not say, "All you have to do is work nine-to-five," the usual hours of someone on a salary? Is that the direction in which we wish to go? Is that what we are ultimately saying to doctors? Is that what we want to happen to our medical delivery system in Ontario?

The majority of them see that. They are the ones most affected, other than the few patients around the province who now are going to be relieved of the small extra amount of bills they pay to their doctors. Is that the message we want to get to doctors? Is that what we are trying to tell them? If it is, why do we not go all the way and say: "Henceforth, you have a salary and here it is. It is the average that everybody makes in your specialty?" Why do we not afford them the benefits they now have to pay for privately, but which other civil servants and people working for the population—

Miss Stephenson: Allow them to work 40 hours a week instead of 80.

Mr. O'Connor: I have mentioned the hours, about which the honourable member has just interjected. They would be expected to work only nine-to-five or a regular 40-hour week. I do not think that is the way we want to go. It is not what the medical profession wishes. The quality of medical delivery in this province would suffer dramatically if that ever came about.

There must be something to it; 17,000 people cannot be all wrong. They argue vociferously that is where we are taking them. I tend to agree about this piece of excessive legislation.

12:20 p.m.

Mr. Callahan: How is the member voting on the issue?

Mr. O'Connor: I have not made up my mind.

The principle of independence, the necessity to maintain that principle and the fact that it is a principle the doctors are fighting for—it is not the money they are fighting for—was perhaps best demonstrated recently by the doctors in Sudbury. We have read that there are 41 doctors practising in that city, none of whom has chosen to opt out of the plan; therefore, they are not permitted to bill extra. For them, the issue is not money, but on the principle of the right to do so, they have chosen to opt out. They have chosen to demonstrate to the government their displeasure with this legislation in that fashion.

They will now, as a result of that move, have less of an income, because by opting out they will now have to bill their patients privately. There will no doubt be some problems with collections and nonpayment, which was not a concern of theirs prior to this.

It demonstrates a feeling in the medical profession where 41 physicians in a city would unanimously choose to take a cut in salary over the principle at stake throughout the profession. I ask the government to take into account the depth of those kinds of feelings should it choose to proceed with this bill to its conclusion.

The larger issue and the larger point that should be made with regard to this kind of legislation is that it demonstrates to the province as a whole the manner in which this government has chosen to govern. It appears it has chosen the route of confrontation instead of consultation.

Would it not have been much simpler to have sat down with the Ontario Medical Association or representatives of the doctors, discussed this issue and attempted to negotiate some resolution? It may well have involved the banning of extra billing, but it would have provided the doctors with something in return, something with

which they could be happy, some substitute that would have satisfied their needs.

But no, the government's message to the doctors was simply: "Sure, we will sit down and negotiate with you, but extra billing is not on the table. It is gone." What is the sense of negotiating if the prime issue of concern to the doctors is not on the table for negotiation?

The government seems to be choosing the route of legislation prior to and instead of negotiation. That is not the way to run things. That is not the way to govern effectively in a democratic society. We must communicate, we must discuss matters with the people whom we wish to abide by the rules and regulations and laws we introduce or there will be chaos.

This manner of dealing with different groups in society has been amply demonstrated not only with the doctors, as I have indicated, but also with the lawyers with respect to the matter of depriving them of their QCs. That is a small point. Again, perhaps the majority of the people agree with that, but the government will find the people most affected by that issue, the lawyers, do not agree.

Would it not have been the simpler and better thing to have sat down with the Law Society of Upper Canada or the Canadian Bar Association or some such representative group and said: "Our inclination is to do away with the QC system or revamp it. What are your thoughts? What are your ideas?"

The government did not do that. It simply banned QCs in the future and retroactively, something which came entirely as a surprise to everyone concerned with the issue. As a result, it antagonized most of the legal profession over that issue.

It dealt similarly with judges and their salaries. There is a committee set up to investigate the needs of judges, their working conditions and their remuneration levels, which has been given the authority to make recommendations to the government. The government gained the support of all three members of that committee by representing that if a certain salary level were suggested by the committee, it would be accepted.

What does it do? It totally ignores the recommendations of that committee and sets a salary level different from anything recommended by that committee which had provided three alternatives by way of an approach to the nagging problem of judges' compensation in this province.

It was the same with pharmacists. Negotiation? Forget it. They simply brought in Bills 54 and 55. Through a process similar to pulling teeth, and because the debate on the matter was so extended, the government has finally and reluctantly agreed that there will be full and open discussion of the matter in the committee stage.

That is all the pharmacists ever wanted: the right to negotiate, the right to discuss matters. They now have that right, but it was a difficult matter to arrive at, and it could have been done much more simply if there had been that course of negotiation and discussion before it was dragged out of the government by the opposition during second-reading debate.

Who is next? What group is targeted next by the government to be legislated arbitrarily? Whose wishes and concerns is it going to ignore before it brings in legislation with regard to their profession, business or whatever? The government simply appears to read polls that indicate it might be popular to take a certain step and then it goes ahead and takes that step while ignoring the rights of those who are most vitally concerned with the issue put forward.

Mr. Callahan: How is the member going to vote?

Mr. O'Connor: To answer the member for Brampton (Mr. Callahan), I oppose this bill. I will vote against this bill on second reading on the point of principle. There has not been consultation. The government has not taken into account the wishes and concerns of the people most primarily concerned with the medical delivery system in this province, and I think it ought to do so.

For this reason and for the reasons I have mentioned before, I will oppose and vote against this bill. I urge other members of this House to read their mail from doctors, listen to the concerns of those who are involved and consider seriously amending this bill, withdrawing it or at least voting against it on second reading.

Mr. Breagh: I want to participate in this because it is an important debate and it has been an interesting one. I have listened with great care to previous Conservative speakers and tried to determine whether they are for it or agin it. The last speaker has been the first one I have noticed who has been bold enough to say he opposes the bill. I do not find this surprising, since one of their members referred to it as an act of terrorism. It surely must cause some trouble in their own caucus to vote for acts of terrorism.

I do not view it that way at all and I am sure Brian Mulroney and the federal Conservatives,

who are urging all the provinces to pass legislation of this kind, do not consider it an act of terrorism either. We are not particularly well served by that kind of rhetoric.

I have immense respect for our physicians. I was a Health critic for our party and, like most members, I have an ongoing relationship with a lot of physicians and health care providers in my own area. We deal with them on a daily basis with compensation problems, the problems people have getting access to hospitals and all kinds of medically related problems that my constituents have. There are a few jerks in the medical profession. I dare say there are a few jerks even in this beloved Legislature of ours, too. Everybody has those and one just has to contend with them.

An hon. member: Name names.

Mr. Breagh: I would name names, but I have only half an hour left and there is not time to do it.

I do not think we can base our opinions on what a few unkind folk might have to say or do in their whole profession. I want it on the record that the doctors with whom I deal are decent, respectable men and women who try to provide the best health care possible to their patients. They have aggravations with the Ontario health insurance plan, as does everybody with any bureaucracy, and I spend about as much time fighting with OHIP over whether it will or will not respond to a request from a physician for payment as I do with almost any other bureaucracy a member has to deal with. I am quite happy to do it that way.

12:30 p.m.

I do not believe we have devised the world's perfect medical care system in Ontario, not by a long shot, but I believe we have established something that is pretty fundamental, that our population understands and very much treasures and reveres and that is a workable system.

I believe we have some problems in the system, but it is not all bad either. I get a little upset when people talk about socialism versus capitalism, or whatever terms they use. I do not quite view it within those concepts. It is fine to talk about the health care system in England, but it is not really relevant to our situation.

We have developed something that is unique and different. We have a system in which, if physicians want to receive a salary and work regular hours they can do that. Many physicians are on salary and work regular office hours; many of them have what amounts to a nine-to-five job. Most of us would say, however, that a physi-

cian's job, almost like the job of a member of the Legislature, is not a regular nine-to-five existence. It is not a job in the sense of somebody in a factory who punches in and punches out and at the end of a day his whole life changes; the business end of the day is finished. A physician's job is different.

I am happy that in our educational system we probably subsidize the training of physicians with more tax dollars than we do any other person in our university system. I am very happy that we do that. I want us to have the finest medical schools we can afford and I want our physicians to be the best-trained physicians we can possibly have. I am an advocate of that.

I am also an advocate of our physicians being about the best-paid people in our society. I believe they are worth it. I have no qualms about that and no argument with that at all. I am happy that in this town and in communities across Ontario the taxpayers pick up the overhead for the hospitals. We provide our physicians with technology, equipment, support staff, nurses, orderlies, recordkeepers and everything we can think of. We absorb almost totally the overheads of physicians working in our hospitals.

I am happy with that system. I realize it is unique. We do not do that for lawyers, for engineers, for auto workers or for anybody else, but I am an advocate of covering that cost for our physicians. I am happy that our physicians have traditionally set up the framework for our medical care system. I cannot think of anyone else more appropriate to do so. I am happy to take their advice. Once in a while they make mistakes, and we have sad acknowledgements of that around, but doctors are only human. They do work long hours and they do contend with a great deal of stress.

Why are we dealing with this legislation? The federal government, in its wisdom, decided that physicians across the country should not be able to opt out. I tend to agree with that position. I have never understood why the Ontario Medical Association can negotiate a fee schedule—that is a long, complicated and rather difficult system to understand, but they do negotiate a fee schedule. I am happy with that. However, at the end of the negotiations some physicians then can break from the fee schedule, opt out and charge more. I find that difficult to understand.

Where I come from there are a lot of negotiations going on. When the boys at the truck plant have concluded their negotiations they live with their negotiated settlement. They can renegotiate it, open it up and deal with new

situations. There are some options, but at the end of the process, when their organization has negotiated what the compensation will be, they live with it.

I believe that is a fair system. It may not serve everybody's purpose, but on balance I believe that negotiating process is a fair and reasonable way to proceed. With physicians, there are some variations on that. I understand that. It is a complicated field, but I believe it is not impossible to negotiate something which fairly compensates physicians for the work they do. I am an advocate of that.

I listened a little to the discussions and I listened intently to the presentations I have received personally from physicians in my area about how they want freedom. They have to realize a couple of simple facts. The people in my constituency want freedom too. I happen to come from an area where there are no physicians who have opted out of OHIP. They are all within the plan. They are not all happy, I suppose, but they are all living good lives. They are being well paid for their services, and I am a real advocate of that. They are good, caring physicians and I am happy with that.

Occasionally, my constituents and people in my area have to go to downtown Toronto for specialist services. There they receive the shock of their lives. If the members do not think this is a problem or they think it is not worth dealing with, it is. I have people, friends of mine, who cannot afford the services offered in the downtown specialist hospitals. There are people who come to my constituency office who are waiting for the passage of this bill so they can get medical care.

I know the OMA itself has attempted to find a way around it. I know the OMA has said, "We will find you that care." I have tried to make that system work and I have to report to the members that it does not always work. It is an awkward system.

If one really believes in capitalism in medicine, whatever that might mean, one might look south of the border to the United States. I have friends who work in the medical care system there, doctors who report to me that the system surely is not a perfect one.

I have a physician friend who works in Texas. He reports to me that he works in what is known as a publicly funded hospital. He works a 48-hour shift. He says that in his hospital he gets all the people who cannot afford to pay. It is a continuum. There are accident victims. There is a lot more violence in the streets there, so gunshot wounds are fairly common. There are all

kinds of things. He says he works with about half the facilities of the privately operated hospital just up the road.

He says they make no bones about it: when one is admitted to an American hospital, one provides proof at the door that one can pay for the medical care service. If a person does not have a Mastercard or sufficient evidence for the medical officer who is doing the admitting they will not take him in. They ship him back in the ambulance and up the street to another hospital. I do not want that here; I make no bones or apologies about it. That has no appropriate application in Ontario; none at all.

I believe our people deserve access to the medical care system. I believe that among reasonable people it is possible to do that within one plan, the Ontario health insurance plan. I believe it is possible to negotiate a fair and honourable settlement with our physicians as we do with everybody else.

This does not mean every doctor in the province is going to be happy. That is not possible with anybody else and I doubt if it is going to be possible with our physicians.

Mrs. Marland: One does not do that with the United Auto Workers.

Mr. Breaugh: Someone just chirped in that we do not do it with the UAW. She inspires me to go a little further. The UAW members negotiate a contract, as do a lot of other people in our society.

Mrs. Marland: They do not all get paid the same.

Mr. Breaugh: In fact, the UAW members all get paid exactly the same dollars for each classification according to the contract for the life of the contract, and there is not one iota of deviation from it. That is precisely what I am proposing.

Mrs. Marland: Do they get paid the same for the same experience?

Mr. Breaugh: Yes, as a matter of fact they do. I do not mean to interrupt and educate other members on how a trade union works, but I will. I want to go on a bit more because I think some important points have to be made.

It is true that under this legislation the doctors have to give up some freedom; there is no question about that. They are losing their freedom to opt out of OHIP. It is the same kind of giving up of a freedom that a lot of people in our society have to do. We are being asked today to make a judgement call.

Interjections.

The Acting Speaker: Order. The member for Oshawa has the floor.

Mr. Breagh: It is true that we are making a judgement call as to whether this is fair. I believe it is. I believe it is unfair to have some of our citizens denied medical care or punished in terms of receiving medical care because of money. I believe the Canadian people, the people of Ontario, feel we have worked out a medical care system that is paid for by tax dollars. It is paid for in a number of ways. Training physicians, nurses and technicians is, by and large, an effort of the tax dollar. Providing the hospitals is almost totally an operation of the tax dollar.

Mr. Davis: Would the member pay the nurses the same amount of money as the doctors?

Mr. Breagh: I do not mind interjections; I just do not like stupid interjections.

I believe we have a medical care system that provides all our citizens the right of access to good medical care. We have tried to work that out carefully through negotiation over the years. I believe we have not done a totally perfect job, but I do believe we have worked out something that is reasonable. Those are my criteria.

12:40 p.m.

I believe this legislation is reasonable. Without question, it inhibits some freedoms on the part of physicians but, on balance, it provides a bit more, a little better medical-care service for some citizens.

Obviously there are some people here who do not like the people out there having a medicare system. If that is their position, I invite them to stand up and say so. If they do not want medicare, if they do not care about the patient, if they think this is the wrong idea, they should stand up and say so.

Miss Stephenson: The member should stop being silly.

Mr. Davis: Are the dentists next?

The Deputy Speaker: Order, the member for Oshawa has the floor.

Mr. Breagh: The member for York Mills says: "This is silly. It is silly to argue for medical care. It is silly to argue for patients. It is silly to say that anything in the Ontario health insurance plan is wrong."

Miss Stephenson: On a point of personal privilege, Mr. Speaker: That is not what I said. What I suggested to the honourable member was that he stop being silly, because the position that

was suggested has nothing to do with what he said.

The Deputy Speaker: That is not a point of privilege.

Mr. Breagh: No, but it is pretty close to an act of terrorism.

I think there are some obligations to go through here in political terms.

Mr. Davis: They should socialize lawyers because we should all have access to legal opinions.

The Deputy Speaker: Order.

Mr. Breagh: The member for Scarborough Centre (Mr. Davis) deserves a chance to get named here; apparently he is now advocating socializing lawyers. I do not know what that means. Maybe it means to take them out for drinks or something. He will get his chance and he may even have the guts to stand up and participate in the debate and tell us whether he is for or against the bill, unlike the occasion when we had the pharmacists' bills before us. That is why he is here.

Mr. Polsinelli: None of them will tell us.

Mr. Breagh: Some let it slip. I am not sure it is even in order to participate in a debate on second reading without somewhere saying whether one is for or against the bill. My reading of the standing orders indicates that is an obligation on the part of the members.

They will get their chance. The bill is supportable. It is a reasonable response to a request from the federal Conservative government to put an end to extra billing. I believe eight out of the 10 provinces have now done it and it has not been seen as a revolutionary act or an act of terrorism; it has been seen as an act of reason.

If people want freedom to leave this design of a medical care system, the freedom is always there. They can pack it up in the pickup truck and go south of the border. They will probably have to pick up a gun rack on the way, but the freedom is there to do that.

It is worth noting that physicians are not doing that in large numbers because they like this medical care system. I am sure they would not all say it is a perfect one. There are some things wrong with it, but by and large the physicians I know feel they are well compensated and that they participate in a good medical system. Some would even say it is the best in the world. I do not know whether it is the best, but I believe it is as good as any medical care system I have ever looked at.

The bill itself is supportable. It addresses a problem some of my constituents and some people across Ontario are having. It is not an unreasonable way to proceed. I believe most physicians themselves would agree, perhaps not publicly but at least privately, that they are not exactly hard done by in our society; that we attempt to provide whatever our physicians might need. Whether it is income, facilities or support services, we endeavour to provide that.

It is part of that process. It is part of that obligation—and the obligation pertains on both sides—for us as legislators and for our population as a whole to provide proper support systems, financially and otherwise, to physicians. On the part of physicians, who are part of the bargain, part of the agreement, it is reasonable to say they should adhere to a freely negotiated fee schedule; that is, they too would be in OHIP.

Mr. Bernier: I listened to the previous speaker with great interest. His socialist background came through loud and clear, but I will have more to say about that as I go through my remarks. It is a pleasure for me to rise and join my colleagues in this very important debate, particularly because of the legislation we are examining.

To me, the real issue we are debating is not whether the doctors of this province should be able to charge their patients more than is allowed under the OHIP schedule. The real issue is whether the present government is truly committed to maintaining and improving our health care system or whether it is more concerned with its deal with the members of the third party.

Given what I have witnessed in this House, I have to question the motivation behind this legislation. I am not convinced it will drastically improve the health care system in our province. It may satisfy the socialists who are currently located on my physical left; they are always positioned philosophically on my left.

For the most part, the legislation will do little to satisfy the needs of the people of Ontario, particularly those located in northern Ontario. I am having a very difficult time trying to understand what this government stands for and what it is committed to. They do not appear to be very committed to their own policies. They have yet to follow through on many of their election promises and pledges, and I have seen no indication that they intend to honour any of these promises.

Yet the Liberals, or I should say the Liberal Democrats, do not appear to be wholly committed to the infamous accord they signed last June. Granted they have fulfilled some of the commit-

ments contained within that document, this legislation being one of them, but they have hedged and stalled on the implementation of others. I cannot help but sense there is a great deal of confusion on the government side of this House. They cannot seem to decide whether it is more important to live up to their promises to the people of Ontario or to honour the terms of their agreement with the New Democratic Party.

I suppose that is somewhat understandable, since the Liberals were not elected by the citizens of this province to form this government. They undoubtedly do not feel as compelled to honour their election promises as might otherwise be the case. The people who did choose the government, namely, those few members sitting on my left, lose more and more of their bargaining position as every day passes.

It is obvious that this fact has sunk in on the members opposite. They are feeling less and less compelled to cater to the whims of the third party. The result of all this is that very few people can understand what the Liberals stand for and what they expect this government can accomplish.

During the last election, the Liberals made a number of promises regarding health care in Ontario, but I get no clear indication from this government whether it intends to follow through on these commitments. I believe they called for the establishment of a province-wide dental care program and the abolition of OHIP premiums altogether. That was one of their election promises, but I have seen no indication that they still intend to implement these programs.

I am sure the people of Ontario have no clear idea either, and I do not believe this is fair to the citizens of this province. They have a right to know what lies in store for them. Perhaps we will have a better idea after the Liberals have got together for their policy conference and have cleared up the confusion that actually lies among themselves.

None the less, at the moment my concerns remain. I am not convinced that the legislation before this House is the best way of using and directing our energies. There are other areas where improvements are needed which should have been given a much higher priority by the present government and are more deserving of our attention.

12:50 p.m.

I cannot see how this legislation will make any improvements to the present system. In many ways, enactment of this legislation could result in a deterioration of what we now have. I have

always thought that Ontario had, overall, one of the best health care delivery systems and services in this country, and I must seriously question the wisdom of devoting our time and effort to this amendment. In my opinion, the people of Ontario would be better served if the government of the day clearly indicated it is prepared and willing to build upon the foundations we laid down rather than to try to break them up.

It is no accident that Ontario has such an advanced system of health care. Our previous government clearly placed the development of this system as one of its top priorities. From 1982 to 1985, the Progressive Conservative government increased funding for the Ministry of Health by 58 per cent. It was the Progressive Conservative government that enacted the Health Protection and Promotion Act, which placed an emphasis on preventive medicine. It was the Progressive Conservative government that made changes to the Mental Health Act, giving psychiatric patients a greater ability to defend their civil rights.

It was the Progressive Conservative government that worked to establish and expand health care services right across my area of the province, the vast area of northern Ontario. We sponsored the establishment of a first-class air ambulance service in northern Ontario. Since its inception in 1981, the service has flown more than 24,000 patients to various medical facilities throughout northern Ontario.

Since 1970, new or replacement hospitals have been built in Kirkland Lake, Hearst, Englehart, Red Lake, Atikokan, Marathon, Wawa, Chapleau, Sturgeon Falls, Kenora, Sudbury and Terrace Bay.

Mr. Cureatz: The Minister of Education (Mr. Conway) said the member for Kenora (Mr. Bernier) had done nothing as Minister of Northern Affairs.

Mr. Bernier: He would not say that.

It was even our government that brought in that very popular EldCap program, which the Minister of Northern Development and Mines (Mr. Fontaine) strongly supports, a program designed in northern Ontario by northerners that will see the establishment of 20 extended care beds in small, remote hospitals in the smaller communities, thereby keeping those senior citizens in the area where they were born and raised and have worked for so many years. It is a very popular program, which the members opposite have embraced. It is that kind of sensitivity and concern that the previous administration had.

Our government was also responsible for introducing the bursary program, which was designed to recruit health care professionals to northern communities. Unlike the present government, the previous Conservative government was committed to improving access to health services for all the residents of northern Ontario.

Our administration attempted in the longer term to reduce, not encourage, the travel of northerners to major centres in the south for medical treatment. While we recognized that in the short term, until our goals were reached, it would be necessary to assist northerners with their health-related travel costs to ensure equal access, our ultimate target remains the establishment of full services in northern Ontario. However, it appears that the new administration has abandoned the long-term commitments we made and has chosen instead to use a short-term solution for a long-term problem.

As part of our overall strategy to assist northern Ontario in becoming self-sufficient in the delivery of health care, we placed special emphasis on the development of five major cities—namely, North Bay, Sudbury, Sault Ste. Marie, Timmins and Thunder Bay—as regional medical referral centres. These five cities represent 63 per cent of the population of northern Ontario.

As a result of our efforts, specialty medicine, surgical services and diagnostic services were fully rationalized among Sudbury's four hospitals. This city now has tertiary care services in many disciplines, including cardiovascular surgery, neurosurgery, nuclear cardiology, burn treatment, life support and ophthalmology. If the Liberals continue our commitment, this city will also have a cancer treatment centre.

As we saw in the House yesterday, when the member for Sudbury (Mr. Gordon) was trying to get some answers and some commitment from this government and had to be ejected, unfortunately, we were given no commitment and no positive statement with respect to that needed cancer treatment centre in Sudbury. We hope it will not be very long before they come with a commitment on this very important requirement.

In Sault Ste. Marie, our endeavours resulted in the opening of a cancer treatment centre at the Plummer Memorial Public Hospital. This enables patients with highly complex treatment requirements to be cared for locally. As well, under our administration, new obstetrical, prenatal and psychiatric services were established in Sault St. Marie.

In Timmins, we initiated a new district hospital with expanded programs of psychiatry, chronic care, general rehabilitation, ambulatory medicine and nuclear medicine.

Our commitment resulted in the establishment of tertiary services in Thunder Bay, including neurosurgery, nuclear cardiology, children's treatment, burn treatment, ophthalmology, pacemakers, dialysis and a cancer clinic. We are also planning major improvements for the Lake of the Woods District Hospital in Kenora.

Admissions of residents from smaller communities to the facilities in these five northern cities have increased by more than 16 per cent as a consequence of these improved services the former administration built on.

There was no necessity for these people to travel to Toronto to receive the care they needed, as the former Progressive Conservative government took steps to strengthen health services and facilities right across northern Ontario. That was our ultimate goal for the people of northern Ontario.

I could go on at great length.

Mr. Cureatz: Please do.

Mr. Bernier: I will. I could go on at great length describing the accomplishments and advances made by our government in building a solid foundation of health care in northern Ontario. There are items I have not mentioned, such as the native healer program, the northeastern Ontario telehealth network, the establishment of local boards of health in northern Ontario and an ambulance radio system.

However, I will spare the details as I hope I have been able to get the message across; that is, that the former government worked towards improving access to health care services for all those in the north and we viewed the funding of health-related travel as an interim measure until our work was complete.

I firmly believe that access to health care is a basic right. There is no question in my mind that we must have equal access to appropriate care for all Ontarians.

Mr. Callahan: How can we have equal access if people are charging more?

Mr. Bernier: We will have it. Go to Britain and see what happened there.

We on this side of the House no longer have the opportunity to continue the work that we started, and since it appears the present government is abandoning our long-term commitment for the time being, equal access does mean that the people of the north must travel to receive the care they deserve and are entitled to.

The most fundamental principle must surely be to provide more and expanded services in northern Ontario. The objective must be to overcome the problems of distance, not by sending people hundreds of miles to the south, but rather by establishing the necessary services right across northern Ontario.

This was the approach of the Progressive Conservative government. We created what is perhaps the finest health care system in the world right in this very province. Please do not misunderstand me; I realize it is not perfect and that we left much undone. None the less, comparatively speaking, we have a great deal of which to be proud. Unfortunately I am not convinced that the present Liberal-socialist coalition government is capable of preserving our health care system, which was created only at great sacrifice by the people of this province and by the dedication of our health care professionals.

The other hypocrisy of the legislation before us today is that the so-called Health Care Accessibility Act is a misnomer if I ever heard one. It is demonstrative proof that this government is concerned with anything but accessibility. Until the Liberals came to power with the aid of the socialists, we had one of the most accessible health care systems in the world. In my mind, no service in this province was more accessible than that of health care. The introduction of this legislation at this time threatens to decrease that level of accessibility that we have all worked so hard to attain.

In my mind, this is because Liberal-Democrats have failed to realize some very basic facts. They have failed to realize that government is in the health care business to stay. They have failed to realize that doctors are also in the health care business to stay. Prior to the Liberal-Democrat coalition and ascent to power, a mood of co-operation existed between the government of Ontario and the medical profession.

The Deputy Speaker: I draw the member's attention to the clock.

Mr. Cureatz: On a point of order, Mr. Speaker: I would like to draw to everyone's attention that the member's speech is very indicative of the kind of commitment we have against this legislation. As a result, I would like unanimous consent to allow the member to continue with his speech.

The Deputy Speaker: Is there unanimous consent? No.

Mr. Polsinelli: On a point of order, Mr. Speaker: I would be prepared to give my consent

if the member would indicate how he is going to vote on the bill.

The Deputy Speaker: That is not a point of order.

On motion by Mr. Bernier, the debate was adjourned.

ROYAL ASSENT

The Deputy Speaker: I beg to inform the House that in the name of Her Majesty the Queen, the Honourable the Lieutenant Governor

has been pleased to assent to certain bills in his chambers.

Clerk of the House: The following are the titles of the bills to which His Honour has assented:

Bill 1, An Act to revise the Family Law Reform Act;

Bill 95, An Act respecting Science North;

Bill 97, An Act respecting Amusement Devices.

The House adjourned at 1:02 p.m.

APPENDIX

ANSWERS TO QUESTIONS IN ORDERS AND NOTICES

CECI'S HOMES

102. Mr. R. F. Johnston: Will the Minister of Community and Social Services provide a status report on the financial position of Ceci's Homes, currently operated under the auspices of the Heinrich Foundation? Will the minister indicate if the Heinrich Foundation will be pulling out of Ceci's Homes effective February 1, 1986, and if it is true that the Heinrich Foundation has requested \$80,000 from the ministry or the parents of children serviced by Ceci's Homes? [Tabled December 3, 1985]

Hon. Mr. Sweeney: The ministry approved in 1985-86 an annualized operating subsidy of \$870,000 for 24 beds for developmentally handicapped children. In August 1985, after an audit of the previous five years' revenue and expenditures, a further one-time payment of \$56,000 was made to assist Ceci's Child Care Inc. with a deficit caused by overexpenditures.

On October 31, 1985, Ceci's Child Care Inc. informed the ministry that it would terminate its legal agreement with the ministry as of January 31, 1986. On November 14, 1985, Ceci's Child Care Inc. advised the ministry that it was unable to meet the November 15, 1985, payroll. The ministry then proceeded to pay the payroll for November 15, 1985. This action had to be taken even though Ceci's Child Care Inc. had previously received funding advances to cover expenditures to December 31, 1985. The ministry guaranteed parents and staff that the program would continue to be operational with ministry assistance.

The Ceci Heinrich Foundation does not operate Ceci's Child Care Inc. In the past, the foundation has contributed, under the Developmental Services Act, three per cent to cover expenditures. The foundation has stated it has contributed to program enrichments, consultation services and physical plant furnishings.

The ministry has initiated an audit of Ceci's Child Care Inc. to determine assets and liabilities. The Heinrich Foundation has, through its solicitor, requested that the ministry purchase certain assets provided by the foundation to Ceci's Child Care Inc.

At this time, the ministry is not satisfied that Ceci's Child Care Inc. has liabilities towards the

Heinrich Foundation. This matter is still under discussion.

103. Mr. R. F. Johnston: Will the Minister of Community and Social Services indicate how much public money has been received by the Heinrich Foundation for the operation of Ceci's Homes? Will the minister further estimate the net income received by the Heinrich Foundation from the operation of Ceci's Homes? [Tabled December 3, 1985]

Hon. Mr. Sweeney: The response to question 102 stated that the ministry does not fund the Heinrich Foundation. Any funding received by Ceci's Child Care Inc. from the Heinrich Foundation is still being reviewed by our auditors. The foundation has indicated liabilities exist, and the ministry is not satisfied that this is the case.

The ministry wishes to assure the member for Scarborough West that it is committed to the continuation of services to the children in this program.

The ministry has proposed a joint management agreement with Ceci's Child Care Inc., but difficulty in obtaining a viable response has resulted in the enactment of a regulation under the Ministry of Community and Social Services Act. The corporation has been informed that the regulation will be enacted if it is determined that a resolution cannot be achieved and that the children in the program are therefore placed at risk by the inability of Ceci's Child Care Inc. to provide services. The ministry is awaiting a further response from the solicitor representing Ceci's Child Care Inc. and the Ceci Heinrich Foundation.

PARENT RELIEF PROGRAM

104. Mr. R. F. Johnston: Will the Minister of Community and Social Services indicate if the parent relief program at Surrey Place Centre will be closed effective March 31, 1986? Will the minister further indicate the reasons for such action and the alternative parent services available in Metro should this service be terminated? [Tabled December 3, 1985]

Hon. Mr. Sweeney: The ministry has made the decision to review the parent relief program at Surrey Place Centre for the following reasons: low utilization levels and resulting inefficient use

of resources, and an institution-like setting for parent relief was contrary to the ministry's policy of providing service in as normalized a setting as possible.

Should this review result in a decision to close the parent relief program, the ministry will ensure that all clients' needs are met. As a part of this review, staff of Surrey Place Centre and the Toronto area office have initiated a planning process to ensure that children currently being served by the parent relief program at Surrey Place Centre will continue to receive services from alternative parent relief programs.

It should be noted that various community agencies now involved in parent relief can expand their capacity to serve more children, with our assistance.

Also, resources will be made available to address some of the issues identified in the review of parent relief services mentioned in the ministry response to question 89, a previous question put forth by the member for Scarborough West.

In the event of closure, the 11 members currently on staff with the parent relief program will each receive a commitment for alternative employment within the ministry.

In summary response to the previous questions 85, 86, 87, 88, 89 and 90, the ministry wishes to inform the member for Scarborough West that the minister has met with members of the Ontario Public Service Employees Union head office and Local 511 and discussed all these matters with them.

The ministry wishes to advise the member for Scarborough West that as of this date, January 10, 1986, the decision has not been made concerning the closure. The ministry maintains its commitment that, should closure take place, it will ensure the needs of families in the parent relief program are met in the community.

INTERIM ANSWERS

145 to 148. Mr. Cousens: Hon. Mr. Sweeney —The ministry will provide responses to the above questions on February 14, 1986.

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No. 92

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Legislative Assembly of Ontario

First Session, 33rd Parliament

Monday, January 20, 1986

Afternoon Sitting

Speaker: Honourable H. A. Edighoffer

Clerk of the House: R. G. Lewis, QC



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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday, January 20, 1986

The House met at 2 p.m.

Prayers.

POLITICAL AFFILIATION

Mr. Speaker: I would inform the members that last Friday the member for Oshawa (Mr. Breough) raised as a point of order whether it is in order that written questions 183 to 189, inclusive, refer to the political affiliation of persons appointed to a minister's personal staff or to the public or civil service.

Whether or not a person has been a candidate for a particular party or a member of the Legislative Assembly of Ontario, or of the House of Commons of Canada, is a matter of public record. I therefore can find no basis on which these questions can be considered out of order.

STATEMENT BY THE MINISTRY

Hon. Mr. Elston: I have a statement that, unfortunately, is not quite prepared at the moment. It is on its way. We had some mechanical problems. Might I ask, please, that we revert to statements when it arrives? At this time it is not ready for delivery.

Mr. Speaker: Are there any other ministerial statements? If not, would the House agree to revert to statements when this one arrives?

Agreed to.

Mr. Speaker: Oral questions.

Mr. Grossman: I might begin, not by asking a question but by inviting the Minister of Health (Mr. Elston) to indicate to the House what will be the subject matter of his statement.

Hon. Mr. Elston: It will deal with the Drug Quality and Therapeutics Committee. Copies of the statement have just arrived. Perhaps we could revert now.

Mr. McClellan: Add five minutes to question period.

Hon. Mr. Elston: No, I do not think so. We have had only 35 seconds.

DRUG SUBSTITUTE

Hon. Mr. Elston: Late last week the Leader of the Opposition (Mr. Grossman) raised several issues in this House with respect to the operation of the ministry's Drug Quality and Therapeutics

Committee and the number of meetings this committee has held since our government took office.

The Leader of the Opposition also raised a more specific question about Dr. R. E. Sager's complaint to the Ontario Medical Association about the generic drug metoprolol and about why my ministry had not taken any action after having been informed by the OMA of the matter.

I will now respond to each of those questions.

First, regarding the number of meetings held by the DQTC since July, the Leader of the Opposition says his information is that the DQTC met in July and then again on December 3. He requested an explanation of why meetings were not held more frequently. The DQTC did not meet in July; it did meet on September 4 and September 18, and a subcommittee met on September 12. Meetings were subsequently held on October 2, November 6 and December 4, for a total of six meetings.

For the benefit of the members of the House and the opposition leader, I want to put this question of DQTC meetings to rest. Therefore, let me provide the following additional information. During 1985, the Drug Quality and Therapeutics Committee met 12 times and there were two meetings of subcommittees, for a total of 14 meetings. During 1982, a year I know will be of particular interest to the opposition leader since he was Minister of Health for most of it, the DQTC met 10 times. During 1983, a year during which the member was still Minister of Health, the DQTC met again on 10 occasions.

I believe the facts show that the committee meets as frequently as required and when it has an agenda to discuss.

Regarding OMA representation on the DQTC, the opposition leader wanted to know why the OMA representative resigned in July 1985 and why a replacement had not yet been appointed.

First, I will make the point that there is no official OMA representative on the DQTC, just as there is no official representative from any other particular organization or agency. Over the years, however, to maintain good liaison with the OMA on drug-related matters, a tradition has developed that one sitting member of the DQTC

would also be a member from the OMA'S committee on drugs and pharmacotherapy.

Shortly after I became minister, I received a letter from the OMA stating that its current representative on the DQTC would be resigning because he was moving to Quebec. The letter also suggested a replacement for the departing physician. I wrote back to the OMA, thanking it for the contribution of the representative whose services the DQTC would be losing. I wrote that I appreciated its recommendation on a replacement. I also noted that changes and additions to the committee would be named when the terms of several members expired with the current order in council under which they were appointed.

It was my intention, as I informed the OMA in my letter, that several new appointments would be made to the DQTC when a new order in council was issued. This is the usual procedure. Appointments to the DQTC are not normally made in mid-term.

During 1985, there were 12 members on the Drug Quality and Therapeutics Committee. There were expert representatives from the fields of clinical pharmacology, family medicine, gerontology, rheumatology, pharmaceuticals and hospital pharmacy. Eight of these appointments expired on December 31, when the order in council under which they were appointed ceased to be in effect. New appointments will be made before the end of this week.

There was another matter raised by the opposition leader, a matter that I believe is of particular importance because it is alleged to affect the health and wellbeing of several Ontario residents.

The opposition leader has said that I have been sent a number of case histories by the OMA, case histories submitted by several physicians in Ontario to the OMA's adverse drug reaction reporting program. In particular, a letter received by the OMA from Dr. R. E. Sager was cited as an example where no action was taken by me or the ministry.

On December 3, 1985, I received a letter from the OMA, along with attachments that the OMA's adverse drug reaction reporting program had received from several Ontario doctors. In these attachments, the physicians noted alleged side-effects for a number of patients who had been switched from brand-name drugs to generics. Upon receiving that letter, I immediately asked the DQTC to consider and assess these physician concerns at its next meeting.

One of the attachments received from the OMA was from Dr. R. E. Sager regarding the

drug metoprolol. In that letter, he listed reactions noted on patients in April and May 1985. Dr. Sager's letter to the OMA was dated June 14, 1985. I received a copy of Dr. Sager's letter, as I mentioned a moment ago, on December 3.

If, in the expert opinion of the OMA's adverse drug reaction reporting program, the continued sale of certain generic drugs represents a life-threatening situation, one would assume that a six-month time lag would not be permitted before it was drawn to my attention. However, Dr. Sager's letter was included along with others that were sent to me. The attachments were included together to question the efficacy of a number of generic drugs. All the drugs mentioned in the OMA letter will be considered by the DQTC at its next meeting on Friday, January 24.

2:10 p.m.

On this matter, I wish to inform the House that I have telexed the federal Minister of National Health and Welfare to ask whether the health protection branch of his department has received any complaints about metoprolol. I have also asked him to confirm whether there are any problems regarding its safety and efficacy. These decisions are a federal responsibility and I have therefore requested a speedy reply from the federal minister.

I was speaking to the federal minister by telephone this morning and personally brought to his attention the questions raised by the Leader of the Opposition. I trust that my comments today will satisfactorily respond to the queries raised in the House last week.

ORAL QUESTIONS

EXTRA BILLING

Mr. Grossman: My question is to the Minister of Health. This morning he mentioned on the radio that under his proposed legislation, "Ontario doctors do indeed have the right to opt out of the system and to deal financially directly with their patients if they wish." That is a direct quote.

He also indicated he was not going to do very much until some action was taken. None the less, could the minister indicate what contingency plan the ministry might have in the event that doctors opt out en masse?

Hon. Mr. Elston: It is the duty of this minister to respond to situations as they arise and when the event occurs we will take the necessary action. At this moment, en masse opting out has not

occurred and I am quite confident it will not occur.

Mr. Grossman: Nothing has occurred over the weekend that would give the minister any reason to justify that kind of confidence. Might I remind him that under the current system, with about five per cent of the bills being extra billed in this province, it takes the Ontario health insurance plan computer about three to four weeks to process a claim and refund patients who have paid directly to their physicians.

Surely the minister has to acknowledge that if anywhere near the number of doctors who over the weekend threatened to opt out do opt out, the number of claims to the ministry by patients is going to be a staggering number out of the 60 million each year. That has to mean the OHIP computer will back up so significantly from the current three to four weeks, to perhaps four or five months, that the minister ought to take some steps to ensure that the elderly, the senior citizens and those who will begin to pay for their health care up front are reimbursed in a shorter period of time.

Mr. Speaker: The question.

Mr. Grossman: Is it the minister's position—

Mr. McClellan: Maybe the doctors should wait.

Mr. Grossman: Let the minister answer. I know the member for Bellwoods (Mr. McClellan) wrote the policy, but let the Minister of Health (Mr. Elston) explain it.

Is it the minister's position that there will be no backlog from the OHIP computer, or is he not prepared to worry about it until it happens?

Hon. Mr. Elston: The member knows full well that we do have to take into account what might occur but we cannot respond to something that does not exist at this time. We have not received any notices to indicate there will be a mass opting out and the minister, as well as the rest of the members in this House, will understand that opting out requires a notice to us of three months, to begin the first of the month following the day on which we receive it. If we receive notice today, we would have 90 days. Then we would start the first of the following month to allow that to happen.

That gives us time to respond and, to be quite honest, it also provides the physicians with the opportunity to put in place their new administrative procedures, new accounting procedures, hiring extra staff to put the bills directly to their patients. It is a convenience not only for us but also for the medical practitioner.

The member can understand that each of us, whether it be government or people who opt not to participate in OHIP, will have several steps to take to ensure we can address the needs of our patients. That system is in place now and we will use the 90 days to prepare for dealing with patients—

Mr. Grossman: So you will do something.

Mr. Rae: The record will show that the leader of the Conservative Party thinks the patients should pay up front. Does the minister not realize—

Mr. McFadden: Get off it.

Mr. Rae: I know it hurts. That is exactly what I heard him say. The record will show what he said. He is the one who talks about paying up front. No one else does.

Can the minister take steps—

Mr. Grossman: Mr. Speaker, at the risk of interrupting the tag team there, I want to say that what I indicated—

Mr. Speaker: Is this a point of privilege?

Mr. Grossman: I want to clarify the record. It is an extremely important point. The point is, very simply, that I did not say patients should have to pay up front. I said that as a result of the tag team they were going to have to pay up front, and we object to that.

Mr. Speaker: Order.

Mr. Rae: The real tag team is the Ontario Medical Association and the member for St. Andrew-St. Patrick (Mr. Grossman).

Hon. Mr. Kerrio: That's midget wrestling.

Mr. Rae: I will not comment on that remark.

Can the minister give us the assurance that in the event of a policy of direct billing of patients by doctors, encouraged by the OMA and apparently by the Conservative Party of Ontario, it will be the policy of the government to state very clearly, either by way of amendments to the bill that is before the House or in some other way by regulation, that patients will not be expected or required to pay physicians who have opted out of OHIP until such time as those patients have received their money from OHIP?

Hon. Mr. Elston: One of the reasons we decided that the legislation before this House would allow opting out is that many doctors had indicated to us that they preferred to deal financially directly with their patients. They have also assured us that their direct financial dealings with their patients will not disadvantage the patients. In other words, they will not take

advantage of the need of those people for health care.

From that standpoint, I think it is very appropriate for any patient who is dealing with the physician on a direct financial basis to make representations directly to his or her physician and the necessary arrangement will be made. I know the member for York Mills (Miss Stephenson) would probably be happy to intercede on their behalf, as I would be, if there are difficulties.

The direct billing option is there and we will respect that option.

Mr. Grossman: Let me say to the minister and to the other end of the tag team that while they are mesmerized by the public opinion polls on this issue, we are mesmerized by the public interest and by protecting the patients against the impact of the legislation before us.

The minister acknowledged a moment ago that doctors will take three months to adjust their billing patterns, meaning that they will be ready to charge their patients when they come in for services. He has acknowledged that there is going to be massive difficulty with the OHIP computer, because it currently—

Hon. Mr. Elston: No, I did not.

Mr. Grossman: The minister will have an opportunity in a moment to stand up and allege that the OHIP computer will be able to refund the cheques within three or four weeks. If he believes that, he will have an opportunity to stand up and say it.

May I say to the minister—

Mr. Speaker: Please ask the minister.

Mr. Grossman: What steps is he going to take to alleviate a circumstance in which patients today go to the Princess Margaret Hospital and many other hospitals for cancer and other treatments without ever putting their hands in their pockets and, as a result of the legislation he introduced and the response of the OMA, those same patients are going to have to pay up front and wait for his computer to reimburse them? What specific steps is he going to take to make sure the reimbursement occurs immediately?

Hon. Mr. Elston: I could not hear clearly all the points that were made, but if the member is suggesting there is going to be an upfront charge at Princess Margaret, I will take that as notice and I will get back to the House with respect to that.

Mr. Grossman: I did not say that. I said make sure they do not put their hands in their pockets.
2:20 p.m.

Hon. Mr. Elston: I think that is what he did say. He said they would be charged up front for their services.

Hon. Mr. Bradley: That is what he said.

Hon. Mr. Elston: I may be misinterpreting what he said. If that is the case, I apologize.

The reason there was an agreement to have a 90-day notice to withdraw from OHIP was that it would allow everybody, including physicians, to make arrangements to gear up for billing patients directly and for us to reimburse patients directly. If anything comes to my attention about mass opting out or whatever, we will share with the members of this House what steps are to be taken. At this moment, that has not occurred. Since that is so, we will wait to see what happens with the opting-out question.

COURT RULING

Mr. Gillies: I have a question for the Attorney General. He has denied my request for an appeal of the sentence given to a three-times convicted sex offender in Brantford. This case should be appealed. His contention that the circumstances are mitigated by the fact the "assault... was very brief in duration" is both absurd and unacceptable. How does the Attorney General feel about a man convicted of his third sexual offence against a child being back on the street the very day of his conviction?

Hon. Mr. Scott: I undertook to provide an answer to my friend and I did so. It is rather lengthy. I provided it by letter dated January 16, 1986. The man who made the determinations in this case is one of the senior crown attorneys in the county and the one who is charged with the victim assistance program and rape counselling.

In this case, after consideration of the circumstances and consulting with the victim's parents, he made a joint submission to the provincial court judge in support of the penalty that was selected. It was selected and recommended by him, and the provincial court judge accepted it, because the assault in question, though clearly wrong, was, as these things are counted, relatively minor and short in duration.

The accused had agreed to plead guilty in circumstances where there was no corroboration and a very substantial risk that no conviction would be obtained if the matter went to trial. The crown attorney consulted with the victim's mother and advised her about what he proposed to do. She accepted it, pleased that her daughter would not have to give evidence; it would have been traumatic for her to do so.

Therefore, having reviewed the entire matter at some length, I have concluded this is not a case in which an appeal is desirable. If it is the pleasure of the House, I will be delighted to table the rather lengthy letter I sent to the member for Brantford about it.

Mr. Gillies: I am curious to know when the seriousness of a sexual assault is determined by its length. In the judgement given in this case, psychiatric counselling or treatment was not even ordered for the offender. It was left to the discretion of the parole officer whether the offender would get any treatment.

I cannot understand why the Attorney General does not see this as unacceptable and outrageous, as I do. Will he appeal this totally unacceptable and inadequate sentence? As part of that appeal process, will he at least ensure that the offender is ordered to have psychiatric counselling so the children in my community can be protected from this sort of person?

Hon. Mr. Scott: My friend is wrong on one count. The learned judge in this case directed that the accused, as a condition of the term, should undergo any psychiatric counselling his probation officer regarded as appropriate.

Mr. Eves: That is not what he said.

Interjections.

Hon. Mr. Scott: Yes, but the innuendo in his question was that the judge had not made any order. That is the routine order a judge makes because a judge does not have precise knowledge of the kind of facilities available or the services required by the accused in a particular case.

What will happen is what normally happens. The probation team will determine the kind of psychiatric counselling required and, pursuant to the judge's order, the accused will undergo it.

Mr. Rae: Can the Attorney General confirm that, because of the nature of the submissions made by the crown and the fact those were made in conjunction with defence counsel, it would be very difficult in the circumstances for the crown to be heard to appeal from a sentence the crown itself recommended?

Hon. Mr. Scott: I think that is correct.

Mr. Gillies: The leader of the third party is right. There was consultation between the crown and the defence because the case was plea-bargained. I question the appropriateness of that in a case like this. The interests of the community, the child and the offender—everybody's interests—are not being served by this decision.

Will the Attorney General appeal? Further to that, with the legitimate concern about the trauma of putting a child victim on the stand, will he review the recommendations that went to the Badgely committee, saying the testimony of a child victim should be able to be presented in another way? It should be videotaped or presented without the necessity of the child having to take the stand.

Hon. Mr. Scott: I am reviewing it and I undertake to my honourable friend to review the provisions of the Badgely report. Of course, that focuses on one of the problems that existed in this case. There was no corroborative evidence. There was a real risk that the trial judge would find that this child was of an age where her testimony required corroboration before there could be any conviction at all. The very great danger, and why there were discussions in this case that were brought to the attention of the learned trial judge, was that there was every prospect there would have been no conviction had the case proceeded to trial.

INSURANCE RATES

Mr. Rae: I have a question for the Minister of Consumer and Commercial Relations. I go back to the statement the minister made where he talked about the fact that revenue for the insurance companies was down significantly as a result of changing interest rates. Is the minister aware that when we combine the figures of property and casualty insurers for the first, second and third quarters of 1985, we find an 8.1 per cent increase in net premiums earned and yet a 41.5 per cent increase in net income, in profit?

Is the minister aware of those figures, which show a very significant increase in profitability over the last three quarters? In light of that fact and of the fact that it is the ordinary people of the province who are bearing the cost of this dramatic increase in insurance costs, will he agree today to bring in legislation that will effectively freeze insurance rates until such time as the Slater task force has reported to this House, so we can get on with legislation that will protect the consumers of this province?

Hon. Mr. Kwinter: The leader of the third party asked me two questions: (1) Was I aware of the profits, and I say yes to that; and (2) am I prepared to bring in legislation, and I say no to that.

Mr. Rae: Can the minister explain why the Liberal Party, both federally and provincially, has been prepared every time wage rates went anywhere above the rate of inflation to bring in

across-the-board controls on wages? Why has it been prepared to do that with respect to wages either in the public sector or the private sector; but when it comes to a short-term crisis from the point of view of the consumer, why is the minister not prepared to intervene on behalf of consumers, introduce a freeze that will effectively protect people who are driving, and the cities and the hospitals? Why does he not protect those people instead of just sticking up for the insurance companies?

Hon. Mr. Kwinter: The leader of the third party referred to statistics. He mentioned that they related to the property and casualty insurance industry. I said before—and I will say it again—that there are some 150 insurance companies doing business in Canada; of those, only 20 are dealing with third-party liability. He is comparing apples with oranges. He should take a look at the 20 companies that are dealing only with liability insurance and their profitability.

Mr. Runciman: The member for York South is talking about the profitability of insurance companies and the appropriateness of some of the rate increases. I know my leader asked at least a couple of weeks ago whether the minister has approached the superintendent of insurance for a comment from him on the appropriateness of the rates and perhaps the desirability of the superintendent making a public statement comparable to what occurred in Quebec on the appropriateness of the rate increases. Has the minister done that? If he has not, is he prepared to make a commitment to this House that he will do so and report back to the assembly?

2:30 p.m.

Hon. Mr. Kwinter: One of the terms of reference of the task force is to look into exactly that situation.

I would like to correct a press report. The task force is being headed by Dr. David Slater, but it has on its staff a general counsel and a general manager as well as the superintendent of insurance. They are going to look at that and they will make suitable recommendations.

Mr. Rae: When the minister announced the task force in the House, he said in his statement there had been rate wars; that was false. He said investment revenues were down; that has not been proved. He said court settlements were too high; then last week he said that was not true, either. That is zero for three.

In the light of that record and of the fact that people are paying rates that are 500 per cent, 600 per cent and 700 per cent higher than those they

were paying before, why does he not introduce a short-term freeze, which the minister has the constitutional power to do, and which will effectively protect the consumers of this province until such time as Dr. Slater has had a chance to bring in his report?

Hon. Mr. Kwinter: As a former educator, I tried last week to give the leader of the third party a lesson in insurance economics. I have to say he got an A for attendance but an F for comprehension.

He stated I was wrong in saying insurance investment had dropped. That is not a matter of conjecture; it is a matter of fact. He is wrong when he said that insurance premiums were low. That is not a matter of conjecture; it is a matter of fact. He is wrong when he said I said insurance awards were not a problem. I said it was not the total problem.

PENSION REFORM

Mr. Rae: I will give the Minister of Consumer and Commercial Relations a chance on another topic, the question of pension funds and what is happening with pensions in the province.

The Treasurer (Mr. Nixon), who, alas, is not with us today—we all feel the loss—made a speech that was reported in the press with respect to pension reform. Can the minister tell us why, in spite of the announcements the Treasurer made with respect to the policy of the government of Ontario, 53 per cent of the people working in the private sector will continue to have no pension plan at all? Why is that intolerable situation being allowed to continue?

Hon. Mr. Kwinter: The Treasurer made a statement on Friday with regard to pensions. He stated we will be bringing forward pension reform legislation in the next few weeks. There are very serious problems in dealing with it, because we have to try to get some consensus across the country so pensions can become portable. We are addressing that, as well as concerns with respect to the indexing of pensions and what happens when surpluses are removed. As we bring forward the legislation, every member in this House will have a chance to comment on it.

Mr. Rae: I am baffled by the minister. He said he needs to reach a consensus. Is he not aware that British Columbia, Prince Edward Island and New Brunswick are not part of this consensus? Is he not aware that on the question of pension surpluses, which we have been raising for the last two weeks, the Treasurer said some changes were going to be brought in that would be

different from this so-called consensus? In fact, there is no consensus.

What is stopping the government from recognizing that literally hundreds of thousands of part-time workers, most of them women, are not covered by any private pension plan and will continue not to be covered, and that more than half the workers in this province do not have a private pension?

What is the minister going to do to change that situation? What is he going to do to ensure that 50 per cent of the population who today do not have a private pension will have one by June 1986?

Hon. Mr. Kwinter: The pension reforms will be brought forward in a matter of weeks, and at that point those problems can be addressed. They may be covered in the legislation we are proposing. We are looking at it now and we are bringing forward the material. When that happens, the honourable member will have a chance to ask questions.

Mr. Speaker: Final supplementary?

Mr. Rae: We now see the depth of concern from the Tories.

Press reports over the weekend said that companies generally heaved a sigh of relief that the proposals did not index private pensions to inflation. This is from a story quoted in the Toronto Star with the headline, "Pension Reforms Affordable and Fair, Companies Say."

Is the minister prepared to table in the House the cost projections from his ministry and from the Treasury with respect to indexing? Can he confirm that a senior adviser on pension reform, Mr. Ilkiw, also stated recently in the Toronto Star that inflation protection per se does not involve extraordinary costs? Does the minister not feel the pensioners of this province should be protected against inflation, that as the value of the funds is increasing, the value of their pensions should be increasing as well?

Hon. Mr. Kwinter: We are in favour generally of looking at increasing the protection for inflation for pensioners, but that was one of the greatest stumbling blocks we had in trying to get some consensus. Rather than stall the whole thing, we decided to proceed with the pension reforms that we are going with now, and we will work towards those other aims in the future.

Mr. Grossman: The government could go it alone on inflation protection; it is just that it will not.

Mr. McClellan: Just as the previous government did not.

Mr. Grossman: Is the member for Bellwoods proud of those answers? If he does not like them, he knows what he can do; but the members of his party do not want to put their jobs on the line for the pensioners.

Mr. Speaker: Order.

DRUG SUBSTITUTE

Mr. Grossman: I have a question for the Minister of Health. In his statement with regard to drug quality, the minister indicated that he called the federal Minister of National Health and Welfare today to do some testing. I say to the minister—

Hon. Mr. Elston: Come on. That is hardly what I said. I said I was speaking—

Mr. Speaker: Order. Question.

Mr. Grossman: The minister will have a turn in a moment.

The federal ministry, unlike the Ontario ministry, moved in on Friday, after those issues were raised in the House, and began to do its own testing with regard to the drug in question. The minister acted today. The minister indicated in his statement that he was informed of this problem by way of a letter received on December 3. The minister's own statement indicates that the Drug Quality and Therapeutics Committee met the very next day on December 4.

With thousands of these pills being taken every day and with the concern expressed by medical practitioners in this province in a letter he received on December 3, why did he decide not to refer it to the meeting the next day—it was not urgent like wine—but was quite content to have that matter lay on his desk for six weeks until the meeting this Friday?

Hon. Mr. Elston: I made it quite clear that the letter from Dr. Sager was included with a group of attachments. Dr. Sager's letter was written on June 14. It went to the Ontario Medical Association and stayed in its offices until June 20, by indications on the letter. I can tell the honourable member that it was not deemed a serious enough matter, in that the OMA did not list it as one of the drugs in the main body of its letter.

Let me indicate very clearly to the member that since the OMA brought it as an example with respect to certain questions about interchangeability, the effort we took—having received a letter on December 3—was to bring it forward to the first available meeting after that. The agendas of the DQTC are set and it meets as the need arises. It met on December 4 with its agenda for

that day. It is meeting again this Friday, and we will review the recommendations it brings to our attention.

The other important item is that Dr. Sager's letter was addressed to the OMA's committee, which has a liaison with the federal authorities. If there was some urgency there, that liaison between the federal people and the OMA should have been tapped earlier as well because, as I mentioned in the statement, the question of safety of those drugs does fall squarely within the federal department.

2:40 p.m.

Mr. Grossman: The Minister of Health is responsible for putting the pills on the shelf. He is responsible for assuring seniors that the pills are perfectly interchangeable. He received the information on December 3 and he did not refer it to the meeting on December 4. Was their agenda so packed he could not ask them to deal with the thousands of pills that are being taken by seniors? Is the minister prepared to stand in the House today and say to thousands of senior citizens that this particular pill is perfectly interchangeable with the brand-name product? Is it yes, or no?

Hon. Mr. Elston: The question of interchangeability was addressed at the time it was added to our list by the Drug Quality and Therapeutics Committee, a committee that meets occasionally as the member will be aware. They met occasionally under his auspices. They are answering the questions as they come up with respect to interchangeability. They will be answering the questions with respect to this particular drug after their meeting on Friday. The safety of the people of this country with respect to drugs falls squarely under the federal authorities and our committee will be meeting with respect to these drugs this Friday.

ST. CLAIR RIVER

Mrs. Grier: I have a question for the Minister of the Environment. We understand there are reports that the blob found on the bottom of the St. Clair River last summer has not only resisted cleanup, but also is reappearing. Can the minister confirm whether the blob is reappearing?

Hon. Mr. Bradley: I will resist talking about the return of the blob. As the member will be aware from reports in the news media, some puddles of perchloroethylene have reappeared. She will recall that during the cleanup operation that took place under the auspices of Dow Chemical, supervised by the Ministry of the Environment of Ontario and Environment Canada, even while they were doing the cleanup at

various places, one could see the perchloroethylene still bringing up other substances from the bottom.

I was asked: "The cleanup is finished. Does that mean everything is all right?" I indicated to people who directed questions to me: "No. We will continue, along with the federal government, to investigate any potential sources to determine whether puddles continue to appear." Some puddles have reappeared. We have ordered their cleanup and we will continue to observe the bottom of the river at that point with a view to attempting to determine the source.

As the member is aware, the general scientific opinion has been that the perchloroethylene pulls up other traditional historical spills. She will also recall that I have said we should not rule out the possibility of other sources, and that is what we are looking at now.

Mrs. Grier: Does the minister not agree that the other source, which I think he is aware of, is the possibility of seepage from underground caverns? If that is the case, what action does he intend to take to ensure the seepage can be stopped?

Hon. Mr. Bradley: We first have to determine whether that is the case. That is why I thought it was important to look at three potential sources. The first is historical spills affected by the perchloroethylene. The second is the potential for the material in many of the deep disposal wells or caverns seeping up into the river. The third is leaching from landfill sites.

We are observing all three. We have test wells that have been drilled very close to the river to determine whether these substances are making their way there. The federal government uses a camera to observe the bottom of the river to determine that. Our testing will continue. I can assure the member that if there is a recognition that the cause is something other than historical spills, we will take all appropriate action at that time to be involved in what I would consider to be a major containment.

Mr. Brandt: Will the minister confirm that the federal government has placed an apparatus on the bottom of the St. Clair River which will monitor whether there is any seepage, as was suggested, and I am sure almost hoped, by the member of the third party who raised the question?

Interjections.

Mr. Speaker: Order.

Mr. Brandt: The member has raised that speculation without evidence on a continuing basis.

Mr. Speaker: Order. I think the member has already asked the question. Did he want to repeat it?

Mr. Brandt: Would the minister advise this House when that apparatus indicates whether or not it is old material that is being extricated from the floor of the river or whether it is seepage? Is he aware there is such an apparatus there at the moment?

Hon. Mr. Bradley: I can say that while I am not aware of the specific apparatus that is there, I have been assured by the federal minister, in discussions with him and with federal officials, that a number of activities are being undertaken by the federal government to determine whether there is any possibility of seepage from sources that have been alluded to in the House.

There is also some suggestion the new puddles that have been seen there could well be bits of chemicals falling off the edge of the trench of the original Dow cleanup crater.

There are a number of potential sources, but I think what the member for Lakeshore (Mrs. Grier) is looking for is an assurance the Ontario and federal governments are exploring all potential sources and are prepared to take the necessary action if we find the results are not what we want them to be.

All members of this House would share my hope that it is not those deep wells leaking but, if it is, then we will take the necessary action.

— SPRAY PROGRAM

Mr. Pollock: Mr. Speaker, I have a question of the Minister of Natural Resources. He told a delegation from eastern Ontario on October 23, 1985, that he would make available \$20 million to fight the spruce budworm and the gypsy moth. The breakdown was \$15 million to fight the spruce budworm and \$5 million to fight the gypsy moth in eastern Ontario.

Is he still going to honour that latter commitment?

Hon. Mr. Kerrio: As it relates to the spraying that is going to take place, my ministry staff put forward the kind of program we are examining all across Ontario. It has to do with the spruce budworm and the gypsy moth budworm. Much of the determination is going to be made after we have the open houses that are taking place across Ontario. We are getting public input.

We certainly want input from members of the Legislature, but the proposal to use approximately \$20 million to spray across Ontario is under consideration. Certainly, we are looking for

input from the public to determine how, when and what we should use in those spray materials.

Mr. Pollock: The minister has committed himself to \$20 million. Is that not correct?

Hon. Mr. Kerrio: I would suggest the \$20 million that was being contemplated, and was put forward as a program this year, would have to go for final approval to cabinet.

Interjections.

Hon. Mr. Kerrio: I cannot imagine any government doing anything without going to cabinet and being given the funding. I am suggesting to the member who asked the question that we are committed to keeping the forests green in Ontario and we are going to put that kind of submission to the cabinet after the open houses. I am absolutely sure this government is going to do what is in the best interests of the people of Ontario.

Hon. Mr. Bradley: There are some things they did not go to Management Board about.

Ms. Fish: Let us figure out if they still have a class exemption.

Hon. Mr. Bradley: Someone forgot to go to Management Board over there.

Mr. Speaker: Order.

Mr. Rae: By way of supplementary to the minister, can he tell us whether this \$20 million figure includes potential chemical spraying in eastern Ontario for the gypsy moth and the spruce budworm? Can he give us a breakdown of that figure with respect to which chemical sprays he is planning to use and how much they cost?

2:50 p.m.

Hon. Mr. Kerrio: That presumption has been put forward two or three times by the leader of the third party. I am not suggesting we are going to use chemical sprays or any other kind of sprays. I am suggesting that we are going to have open house forums, something he should understand, and that the people of Ontario are going to decide. We are not saying we are going to use any mix until we have had 25 open houses across the province.

I will tell the honourable member something else that was very disappointing. We have open houses to ask people's feelings about this matter, and his man came up there with a press release that had been prepared before he had heard some of the experts whom we had appear before us, some fine gentlemen. He did not see fit to listen before he spoke.

Mr. Andrewes: Shame.

Mr. Bennett: I cannot believe it.

Mr. Martel: Did you prepare your booklet ahead of time?

Mr. Rae: Yes; did you prepare the booklet before you heard the expert advice?

Interjections.

Mr. Speaker: Order. That was a very productive minute and a half.

GASOLINE PRICES

Mr. Wildman: I have a question of the Minister of Energy. In view of the statement by the Treasurer in this House on October 29, 1985, that the review of gas prices in northern Ontario was well under way and could be expected to be tabled "in the very near future"; and in view of the comments of the Deputy Minister of Energy and his staff at our meeting on November 25, 1985, to the effect that the report would be submitted to the minister the next week, can the Minister of Energy explain why he stated in his leadoff speech to the standing committee on resources development in considering his estimates on January 8 that the report was not yet completed and had not been considered by cabinet and that the results were not ready and would not be published for about another month?

What is the holdup in fulfilling the commitment to the people in the north that he made last spring?

Hon. Mr. Kerrio: As far as the study is concerned, I was going on the best advice I had. I will tell the honourable member that, depending on when this House rises, and I think that will be the second week in February, I propose to present it before the House rises.

Mr. Wildman: The comments about the report's preliminary findings that the minister shared with the committee do not really give us much hope. Is the minister aware, for instance, that the price of regular gas in Red Lake is 61.3 cents and that in Sioux Lookout it is 53.8 cents? Those two communities are only 35 kilometres apart.

Can the minister explain, and will his report indicate, what he intends to do to ensure that communities that are this close, and receive their gasoline from the same source, will not have such differentials in prices and that the consumers in the north and in the northwest will no longer be ripped off by the oil companies?

Hon. Mr. Kerrio: The member has already suggested that I shared just about all the information that was going into the report. I felt

somewhat obligated to do so because of the promise I had made.

I take no comfort in the fact that gas prices are what they are in northern Ontario, and I am prepared to put forward that report just as soon as I have it in my hands. I hope to do that, as I said, before the House rises.

EXPO 86 PAVILION

Mr. Rowe: I have a question for the Minister of Government Services. Can the minister tell this House whether she has approved the purchase of Italian-made furniture for the Ontario pavilion at Expo 86?

Hon. Ms. Caplan: I have not formally approved it, and I would refer the honourable member to the Minister of Transportation and Communications, whose ministry is responsible for Expo 86.

Mr. Speaker: Did the minister refer this to the Minister of Transportation and Communications?

Hon. Ms. Caplan: Yes.

Hon. Mr. Fulton: I understand the question came from a manufacturer in the Oakville area some time during the noon hour. No contract has been awarded. I am attempting to gain further information on the terms of the tender call, which I understand was let by the previous government.

Interjections.

Mr. Speaker: Order. It is too bad some members are wasting time when members could ask questions.

Mr. Rowe: We have been informed that 240 chair frames and table bases will be purchased from an Italian manufacturer. Will the minister inform the minister responsible for government purchasing and give this House a commitment that Ontario furniture will be used in our Ontario pavilion? It may be a new place to stand, but the furniture situation does not sit well with our Ontario manufacturers right now.

Hon. Mr. Fulton: I was aware there was some indication an Italian design was being suggested. As I tried to indicate in answer to the first question, this matter came to my attention over noon hour. We are attempting to secure further details and information. I will be happy to forward that to the member.

INSURANCE RATES

Mr. Swart: I have a question for the Minister of Consumer and Commercial Relations referring to the right of life insurance agents to sell for more than one company. Under pressure from

the Conservative member for Mississauga East (Mr. Gregory), the minister said he would not tamper with the present system. Last Friday, he indicated to the Conservative member for Leeds (Mr. Runciman) that he was considering some changes. Can the minister tell the House what changes he is considering and whether one will be the repeal of subsection 346(13) of the Insurance Act, which prohibits an agent from selling for more than one life insurance company unless he gets permission from that company?

Hon. Mr. Kwinter: I have been reviewing this whole policy. First, the statement that went out from the superintendent of insurance was not a new policy; it reaffirmed an old policy. I met with the life underwriters and I have heard their proposal. I have met with representatives of the insurance industry. I will be bringing forward a policy statement on that in the near future.

Mr. Swart: Did the minister receive, as the rest of us did, a letter from Gold Cross Insurance Agency that outlines the contrast in rates of the various companies for the same insurance coverage? I will not go into them as I am sure the minister has seen them. Does this not indicate that brokerage of life insurance agents and real competition is necessary for the benefit of the public in the sale of life insurance?

Hon. Mr. Kwinter: The member states things that are quite true, but I am sure he is also aware there are abuses by insurance agents who are not representatives of companies, writing insurance and rebating premiums to the people being insured. We are trying to come up with a policy that will solve those problems. We are working towards that and I expect to make an announcement shortly.

Mr. Gregory: Can the minister assure me that in the event he decides to make some change to the act regarding freedom of agents to deal with various companies, he will take into consideration the obvious difference between those who sell term insurance and those who sell so-called permanent-type insurance?

Hon. Mr. Kwinter: As I indicated, we are going to take into consideration those aspects of the problem. My indication is that we will come up with a solution both sides can live with and support.

3 p.m.

MINAKI LODGE

Mr. Bernier: I have a question for the Minister of Tourism and Recreation.

Mr. Mancini: Ask him about Minaki Lodge.

Mr. Bernier: It is coming.

Last week the minister announced the names of the new board of directors for Minaki Lodge, a lodge which the Premier (Mr. Peterson) said had no value. Can the minister inform the House whether he personally reviewed the qualifications and the backgrounds of those he appointed?

Hon. Mr. Eakins: Yes, I did review the people who were appointed. They would not have been appointed otherwise. The people who served previously on the Minaki board served at a very important time in the development of that lodge and they served well. In the next phase of development of Minaki Lodge, I am sure the present board will serve very well indeed.

Mr. Bernier: In appointing Gordon McTaggart of Fort Frances, who was the campaign manager for the provincial Liberal candidate in the May 2 election, Dr. Peter Delamere of Kenora, who was the federal Liberal campaign manager for the federal member for Rainy River, Len Compton of Kenora, the vice-president of the Liberal association in that riding, and Velma Skillen of Dryden, a long-standing Liberal Party member—

Interjections.

Mr. Speaker: Order, order. I am waiting for the supplementary.

Mr. Bernier: It is coming. Can the minister assure this House that these appointees were not selected because of their Liberal Party connections? Second, can he give this House a valid reason to fire the previous popular board of directors?

Hon. Mr. Eakins: I do not think anyone was fired. They were up for reappointment.

If the honourable member is going to review the backgrounds of certain members, why does he not review the backgrounds of all the members who were appointed?

Mr. Bernier: Answer the question.

Mr. Speaker: Order. The member for Sudbury East (Mr. Martel).

Mr. Martel: How could the minister punish his friends that way by putting them in charge of Minaki? We want nothing to do with this.

Mr. Andrewes: I would not put that to the acid test.

Mr. Martel: Try us. We will turn it down.

OVERTIME WORKERS

Mr. Martel: I have a question for the Minister of Labour. Prior to the Christmas break, the

minister indicated he would get for us the figures on the number of hours of overtime between 40 and 48 hours worked by employees at Inco. Does the minister have those figures for us yet?

Hon. Mr. Wrye: I am glad the member asked that question. Late last week, the company provided figures for the period from January to August 1985. They are for the first full eight months. There were 210,448 hours worked in excess of the 40 hours per week. This represents 2.7 per cent of total hours worked during that eight-month period.

Mr. Martel: If we translated that into jobs, we would be doing all right in Sudbury and would not have the unemployment problem we have.

I want to turn to Falconbridge. There is some suggestion in Sudbury that Falconbridge exceeded its permit by 1,500 hours. If that is so, can the minister get for us the number of hours that Falconbridge employees worked beyond the 48 hours and the number of hours worked between 40 and 48 hours; the number of hours Falconbridge forced employees to come in and work overtime while we have massive unemployment in the Sudbury area?

Hon. Mr. Wrye: Having completed one project, I am willing to begin another for my friend. I understand that at both Falconbridge and Inco a number of hours were worked in excess of 48, or 48, and 12 in the case of maintenance workers—I am sure my friend understands the difference—and in excess of the 100-hour automatic industry-wide permits.

We are beginning to review with the companies the reasons behind those additional hours that were worked. We will try to get the information about the 40 and 48 difference with Falconbridge as quickly as possible, but it does take some time to gather.

FUTURES PROGRAM

Mr. Partington: My question is to the Minister of Skills Development. The United Brotherhood of Carpenters and Joiners of America district council of Toronto and vicinity, sent the minister a letter on December 3 last year, pointing out some of the many inadequacies in his Futures program, among them wage problems, and pointed out a growing need for qualified carpenters. Why has the minister not yet responded? Does he not consider this issue important?

Hon. Mr. Sorbara: The member is correct; I have not responded to the letter yet. If he is asking me about the need for carpenters, I can tell him that the Futures program does not direct

itself to any particular trade, need or occupation. It is directed towards skills that are relevant to the young person and the needs in the community.

Rather than answer the question here, I will speak to my staff about that letter and give the member a more detailed answer when I have taken it up with them.

Mr. Partington: The minister's program forces employers to pay only \$4 an hour. The Apprenticeship and Tradesmen's Qualification Act and collective agreements require employers to pay 40 per cent of the journeyman rate, which is much more than \$4 an hour.

The carpenters set out a simple alternative: let the employers make up the difference out of their own pockets. I ask the minister to accept this commonsense proposal, which benefits all concerned and salvages something out of this woefully inadequate program. Will he do this?

Hon. Mr. Sorbara: My friend raises the issue of whether the Futures program ought to be a wage supplement program, and clearly we have made a decision that it ought not to be a wage supplement program. Every participant in the program is paid the minimum wage, no matter what that minimum wage is.

One of the great difficulties with making it a wage supplement program is that it encourages employers to fill their labour force needs with Futures participants. The object of the Futures program is not to fill those positions that employers would otherwise create. The object of the program is to create long-term training opportunities, a one-year guarantee for young people, not to have a program that employers can use to fill their regular training requirements.

That is why we have not created a supplement program which would enable an employer who wants to pay an employee \$8 an hour to hire someone and get a \$4 subsidy from the government. That is not the intention of the program. Our intention is to assist disadvantaged young people who have difficulty finding placement and finding training for permanent placement.

MAGAZINE DISTRIBUTION

Mr. Philip: I have a question for the Minister of Consumer and Commercial Relations. Can he inform the House why a magazine known as Wine Canada, an excellent publication for consumers published here in Ontario, has been approved for distribution in every liquor store in Canada except those in Ontario? In spite of the fact that it is endorsed by the Wine Council of Ontario and in spite of the fact that at its meeting on November 1 the panel of the Liquor Control

Board of Ontario approved its distribution, his ministry is prohibiting the distribution of this magazine, while magazines promoting foreign wines and published outside the province are allowed to be distributed in our liquor stores. Why?

3:10 p.m.

Hon. Mr. Kwinter: The honourable member raises an interesting question, but his facts are wrong. We do not distribute any publications.

We are looking at this problem, but the member should be aware that what is being asked is that a public facility be used to promote a private commercial enterprise. We are looking at whether, if we do agree to it, it should be put out to tender or exactly how we should handle it.

Mr. Philip: Does it not strike the minister as strange that other commercial publications that promote foreign-manufactured wines and products can receive approval and be distributed in Ontario liquor stores, while this one, published in Ontario, with no vested interest in any particular product, is prohibited from being distributed?

Hon. Mr. Kwinter: It has a very definite vested interest. It is trying to use the clout of the LCBO to market its advertisements.

NOTICE OF DISSATISFACTION

Mr. Speaker: Pursuant to standing order 28, the member for Brantford (Mr. Gillies) has given notice of his dissatisfaction with the answer given by the Attorney General (Mr. Scott) to a question concerning the sentence given a sex offender. This matter will be debated tomorrow evening at 10:30 p.m.

PETITIONS

FAMILY LAW ACT

Mr. D. R. Cooke: Mr. Speaker, I have a petition from Fathers for Justice, signed by 308 people, which reads:

"We, the undersigned, agree that the Family Law Reform Act should be changed to benefit both parties in a divorce, separation and custody action."

ROMAN CATHOLIC SECONDARY SCHOOLS

Mr. Jackson: Mr. Speaker, I have a petition from 35 constituents from the riding of Burlington South, which reads:

"We, the undersigned parents and ratepayers of the Halton Roman Catholic separate school

system, hereby petition the government of Ontario:

"To ensure the provision of appropriate and comparable secondary school accommodation for our high school youngsters, to take such steps as are necessary to acquire and to upgrade existing facilities as required, and to allocate the necessary capital funds where no suitable facility exists.

"Further, we advise the government of our belief in the integrity of a reasonably sized education unit and therefore request that a multicampus approach not be considered as a viable approach for secondary schools."

FAMILY LAW ACT

Mr. Ferraro: Mr. Speaker, I have a petition signed by 37 constituents with regard to Fathers for Justice, and it states:

"We, the undersigned, agree that the Family Law Reform Act should be changed to benefit both parties in a divorce, separation and custody action."

ORDERS OF THE DAY

THIRD READINGS

The following bills were given third reading on motion:

Bill 11, An Act to revise the Change of Name Act;

Bill 12, An Act to amend the Children's Law Reform Act;

Bill 13, An Act to amend the Vital Statistics Act.

CITY OF HAMILTON ACT

Mr. Mackenzie moved, on behalf of Mr. Charlton, second reading of Bill Pr4, An Act respecting the City of Hamilton.

Motion agreed to.

Mr. Mackenzie: Mr. Speaker, is one not allowed to have a few words on second reading if one wishes?

Mr. Speaker: Not on private bills. We have given it second reading. I suppose the House can reopen it, if it wishes to. How about making a comment on third reading?

Mr. Mackenzie: I want to put on the record that I have a suspicion some of the problems that originally led to this bill—

Mr. Speaker: Will you move third reading?

Mr. Mackenzie moved, on behalf of Mr. Charlton, third reading of Bill Pr4, An Act respecting the City of Hamilton.

Mr. Mackenzie: I will take only a moment or two. I think it is important that this be on the record. The bill is one the city wants. However, the city had originally asked for a slightly different bill and the ministry suggested some minor amendments, for reasons I am still not totally sure of. To get the legislation through, the city accepted the amendments.

This is a bill that allows actions when cars are abandoned or garbage piles up in back alleys, or where there is some dispute as to the ownership and the alleys are no longer maintained by the city. The problem I have, which I raised in committee, is that the amendment made by the ministry takes out the word "intrusion." I have had problems with constituents coming to me after not being able to get any satisfaction from either the local police force or the city aldermen, usually on the basis that they did not have the authority.

"Intrusion" can mean somebody has moved a fence into the alley or built a garage in the alley, but that word was removed. As I understand it, the bill now will allow them to move an abandoned car or garbage that is left in an alley. However, most of the problems I saw at the time had to do with people who had taken advantage of the question of ownership of the alleys by moving a fence or something into the alley.

While this will be a help to Hamilton, I suspect it may not totally answer one of the problems we have had. However, they have made it clear that they want it. They would like to try it and see what happens with it. On that basis, I support it on third reading.

Motion agreed to.

CHILDREN'S ONCOLOGY CARE OF ONTARIO INC. ACT

Ms. Fish moved second reading of Bill Pr17, An Act respecting Children's Oncology Care of Ontario Inc.

Motion agreed to.

Third reading also agreed to on motion.

CITY OF MISSISSAUGA ACT

Mrs. Marland moved second reading of Bill Pr26, An Act respecting the City of Mississauga.

Motion agreed to.

Third reading also agreed to on motion.

3:20 p.m.

House in committee of supply.

ESTIMATES, MINISTRY OF NORTHERN DEVELOPMENT AND MINES (continued)

On vote 801, ministry administration program; item 1, main office:

Mr. Wildman: Mr. Chairman, with respect, we have had two leadoffs, and I am not sure my colleague the member for Kenora (Mr. Bernier) has completed his leadoff. Is that correct?

Mr. Bernier: Yes. I am not finished yet. I adjourned the debate, but I have a few more points to make.

The Deputy Chairman: You may continue.

Mr. Breaugh: What we are trying to say is let the member for Kenora talk.

The Deputy Chairman: We will hear from him now.

Mr. Bernier: I will carry on from where I left off. As we continue the examination of this ministry's estimates, I believe when we left off we were talking about the importance of the northern roads program to northerners. As we go through these estimates, I hope the minister will give us details on the construction program his ministry is planning. It may be that he cannot give us the exact construction schedule or dates for the commencement of the various construction programs, but perhaps he could at least give us the date when the program will be announced, which we have been accustomed to receiving in the past.

We are very interested in the highway construction program for 1986-87. We are also interested in the winter roads program. I am particularly pleased the minister saw fit to continue the program I had established when I was in that ministry, because it does mean so much to the native people of northern Ontario. I am particularly pleased he has seen fit to assist the Windego Transportation Co. with its efforts to be self-sufficient in the transportation business in the areas of Muskrat Dam Lake, Rat Dam and Sachigo. We look forward to reviewing the expenditures for these programs for 1985-86.

I am sure the hefty budget cuts at the Ministry of Transportation and Communications and at the Ministry of Municipal Affairs will hurt transportation development in northern Ontario. I hope the minister will use his so-called clout within cabinet to get back some of those funds, particularly for northern Ontario.

I want to deal briefly with northern agriculture. The minister has spoken broadly and intensively across northern Ontario about in-

creasing the farming potential of that area. Shortly after he was made minister, he made a criss-cross tour of northern Ontario and became very familiar with the potential there in that field.

As we all know, the Liberal government has moved in a program of paying farmers to get out of the farming business. I hope it will go into a really major farm financing reform, including longer-term, low-interest loans, particularly for farmers in northern Ontario who have some unique problems.

On November 1, 1985, the member for Algoma (Mr. Wildman) asked the Minister of Agriculture and Food (Mr. Riddell) to explain a statement in a letter sent by the minister to the member regarding the Liberal campaign promise to equalize milk prices. I believe I went through this in the last session, so I will skip it.

I will move on to the AgriNorth program, to which the minister made repeated reference in his opening comments. It was developed, as he is very much aware, by the former administration with the object of improving agriculture in northern Ontario and catering to the needs of northern Ontario. I would like to know by what means the ministry plans to expand this industry, if it plans to do so, in view of the large cut in the resources development program of the ministry. I wonder how he is going to expand that program when he has received less financial support from his colleagues.

Another area of interest and concern for me and for my particular area is the concern we have for the development of a wild rice industry. The minister will be aware that we commissioned a wild rice study by Dr. Lee of Lakehead University. It has been an ongoing study at a cost of about \$100,000 a year. It was originally commissioned for three years and we extended it for another two. We all realize there is great potential for this crop in northern Ontario. We want to know what the ministry plans to do with these studies.

Our party is very much aware that the five-year moratorium, set up at the recommendation of Mr. Justice E. Patrick Hartt under the Royal Commission on the Northern Environment several years ago, has run out. A new wild rice policy was approved by the former administration in its dying days. Can the minister bring us up to date on where that new policy stands.

We made it abundantly clear in that policy statement that the traditional harvesting areas of our native people would be and must be protected because they do have a religious connotation and they add to the economic wellbeing of the native

people. There was no way our administration wished to interfere with that. However, there are thousands of lakes and areas that can still support the development of a wild rice crop in northwestern Ontario.

When we move from 19 per cent of the total production on the North American continent down to about five per cent or less, while we should be moving into a much larger percentage of the world production market, there is reason to be concerned. There are people in my area who are actually moving to the Minnesota area. They are going as far as California to develop a wild rice harvesting business. The minister will be aware that even the state of Florida is moving into the development of wild rice.

Something that was natural to northwestern Ontario has been let slip. There is room for some new thrust and direction.

Hon. Mr. Fontaine: It is not our fault.

Mr. Bernier: We are looking to the minister for leadership. We hope to get it because he has all the studies and information at his fingertips. They were provided to him by the former administration.

Mr. McKessock: Why did the former administration not use them?

Mr. Bernier: We did not stay around long enough. The New Democratic Party and the Liberals moved us out so we could not implement Dr. Lee's policy.

I want to recognize the potential for economic development through wild rice. I understand the minister shares my belief in that respect and will have some information on what he and his ministry plan to do in this coming year with respect to that product.

Also, with regard to the AgriNorth program for 1985, we would like to know what the expenditures will be in specific areas for the coming year, such as land drainage, land clearing, new technology, risk-sharing, marketing development incentives, grain storage and handling, special incentives for distributing agricultural development and other farm production development. I hope the minister will have that information for us as we go through these estimates.

I was disappointed when the minister came down with the final name for his ministry and dropped the native affairs portion of it. He made some great fanfare prior to the election, during the election and even after the election that his ministry would incorporate the affairs of our natives within the ministry. Many of us in northern Ontario were expecting him to move in

that direction because we thought he could assume this great and important responsibility.

I hope the main reason behind the dropping of this portion of his ministry was not because 50 per cent of our native people live in southern Ontario. I am sure that is not the case. Perhaps he could enlighten us as to why he was so adamant that native affairs would be in his ministry and now it has been dropped or left with the Ministry of the Attorney General.

3:30 p.m.

Since the minister has advocated that he is the watchdog for northern Ontario and the northern native people in particular, has he any plans to set up an agency within the Ministry of Northern Development and Mines? Under very active discussion when I was there was the establishment of a northern affairs officer who would serve the people of those vast, remote areas of northeastern and northwestern Ontario on a moving basis to give them the service they are entitled to.

We were prepared to move on that when I was in the ministry. There is a need for a roving northern affairs officer in the vast areas of the remote northwest and northeast. I hope we will hear something about that.

I want to go to another subject that concerns me considerably, namely, the minister's statement that the municipal advisory committees would be wiped out and replaced with development councils across the north. It will be of interest to all of us in northern Ontario, and particularly to members of this House, to learn just how these new councils will work and how well they will fit into the present system.

Will they have clout? Will they pass judgement on certain programs the minister has in mind? Will their recommendations be the final recommendations or will they go to the ministry and then the minister will make the political decisions he wants to make? The whole thing will break down if that is the case.

The minister talks about local input. If he sets up development councils, I hope they will be given the right and authority of which he speaks, and that there will be the openness we hear so much about to make decisions, and not have the head office in Toronto headed by the minister and the cabinet committee we heard a little about, but have not heard any more about in recent weeks, pass judgement and override decisions made at the local level.

Also in this area, I was interested to read that the assistant deputy minister, who formerly was

in Kenora under the Ministry of Northern Affairs, will be moving to Thunder Bay.

Hon. Mr. Fontaine: Not to Hearst.

Mr. Bernier: It should be to Hearst. I could accept it more if it went to Hearst. I think this is an error.

I want to go back and refresh the minister's memory with respect to the setting up of the Ministry of Northern Affairs. He will recall that as late as 10 or 12 years ago there was a movement in northern Ontario to secede from the province. The minister's good friend, Ed Deibel from North Bay, of whom I am sure the minister is mindful, set up the Northern Ontario Heritage Party. Believe it or not, at that time prior to the setting up of the Ministry of Northern Affairs, he had something like 10,000 signatures from northern Ontario that made his party a legitimate, recognized political party.

Prior to that, there also was a bit of a movement in my own riding of Kenora. About 10, 12 or 15 years ago, I would go to meetings held in the Kenricia Hotel, where 100 to 150 people would meet once or twice a year to discuss the possibility of seceding to the province of Manitoba because of the feeling of alienation northern Ontario, particularly northwestern Ontario, had.

We took all that into the mix when we set up the Ministry of Northern Affairs. It was obvious to us that if we were going to keep that far northwestern region as part of this province, we had to make people feel part of this province, part of the decision-making process. On that basis alone, we established the office of the assistant deputy minister in Kenora.

I remind the minister that Kenora is some 250 miles west of Thunder Bay. That is quite a distance. It is further than Toronto is to Hamilton by about 200 miles. That will give him some idea of the distance.

The placing of that assistant deputy minister in Kenora actually destroyed Ed Deibel's organization. With the setting up of an assistant deputy minister in Sault Ste. Marie, with offices in Sudbury and Timmins, what happened to the Northern Ontario Heritage Party under Ed Deibel? It collapsed; it went away. There has not been a meeting in Kenora with regard to seceding to Manitoba since the Ministry of Northern Affairs was established. We dealt with the sensitivity of the people in that area. We recognized they wanted to be part of the decision-making process and to be close to Queen's Park.

The assistant deputy minister who is located in a small northern Ontario community is very important in the eyes of the public. As the minister said jokingly a few moments ago, he should have been moved to Hearst. I would accept that more than I would moving him to Thunder Bay. We have all kinds of senior civil servants located in Thunder Bay and the minister is going counter to what is happening in this country.

I want to relate a few examples to him.

Mr. Wildman: According to that theory, the assistant deputy minister should be in Blind River.

Mr. Bernier: That could well be.

The retail sales tax branch of the Ministry of Revenue has been moved to Oshawa from Toronto. It moved from a big centre to a small one. The Urban Transportation Development Corp., which was located in Toronto, has been moved to Kingston, to a small eastern Ontario community, to build up areas such as that.

Hon. Mr. Fontaine: What about the road testing? It is still being done here.

Mr. Bernier: Most of it is in there.

Where is the Ontario health insurance plan operation? The general manager's office and the entire operation for OHIP has been moved to Kingston. The trend has been to move away from the big centres in order to bring the smaller communities into the mainstream.

Even the federal government has moved in this direction. The income tax branch for northern Ontario has been moved out of Ottawa to Sudbury. The Department of National Health and Welfare has moved its income security programs to Timmins. The trend is to move from the major capitals of this country and province to the far communities and provinces. The Department of Veterans Affairs has been moved to Prince Edward Island.

We will see what happens in other parts of the country about the desire for a breakaway. The Yukon is a long-standing issue. It wants to become a province. Cape Breton wants to break away from Nova Scotia.

The policy the minister has instigated of moving people out of the small communities will incite the people in northern Ontario to go back to that feeling of alienation again. They will talk about seceding.

Hon. Mr. Fontaine: I am moving two mining people to Kenora, two directors. Why does the member not say something about that?

Mr. Bernier: No. The minister needs senior people there.

Hon. Mr. Fontaine: They are senior.

Mr. Bernier: An executive director is not an assistant deputy minister.

The minister should reconsider his position and look at what he has done to northern Ontario. Consolidating his senior people in the major centres is certainly not the way to go.

I was there when the former assistant deputy minister came forward with a proposal that he should move to Thunder Bay from Kenora. I do not buy the time that is wasted in travel. It takes about 40 minutes to go from Kenora to Thunder Bay. By having an assistant deputy minister located in Kenora, he has the feel of the small communities and the smaller centres. If he goes to cities such as Thunder Bay or even Sault Ste. Marie, there is a feeling of alienation from the smaller communities.

If the minister had decided to move him to Hearst or Chapleau, I would have complimented him on it because that is the way to go for the ministry, the direction the minister wants to go and the thrust he should be moving on. I leave that suggestion with the minister with the hope he will reconsider.

We welcome the regional director of mining to Kenora. We had hoped maybe the assistant deputy minister of mines would be moved there. I think that would be a good move. Rather than keeping that gentleman and that office and position in Toronto, he should be moved to northern Ontario where he rightly belongs. We do not need an assistant deputy minister of mines in Toronto. He should be underground. He should be in the trenches. Kenora is the spot for him.

The minister should have a look at that possibility because I think it would stand well in the eyes of northerners.

3:40 p.m.

I would like the minister to bring us up to date on where his government stands with respect to the \$100-tax credit for northern Ontario residents. The member for Algoma (Mr. Wildman) will remember hearing lots about that during the election campaign. One hundred dollars for every northern Ontario resident is a pittance, really. If he is going to do it, I would hope he would come up with a \$500 tax credit—something meaningful and worth while that would have an impact.

I must also note that the minister said it would cost about \$26 million to bring in a \$100 tax credit for each person living in the vast northern

Ontario area. I fail to understand how an area with a population of fewer than one million, at \$100 each will cost \$26 million, if my mathematics is right.

Hon. Mr. Fontaine: It was your party that said that during the election.

Mr. Bernier: It is the minister's quote from the paper.

Hon. Mr. Fontaine: That came from your research.

Hon. Mr. Eakins: Whom are you appointing today?

Mr. Bernier: I am not appointing anyone. I must say I was interested in the minister's answer when he said obviously he does look at the background and the capabilities. That makes me believe that those people were looked at from a political point of view.

Mr. Eakins: Yes indeed. I even looked at the chairman's background.

Mr. Chairman: Order. This is not really the place for questions and answers.

Mr. Bernier: Maybe the minister could tell us when that tax rebate will be implemented. He was elected, I suppose, on the promises he personally made and touted across northern Ontario, because they made such a good platform. He hoodwinked a lot of northerners into believing they would get a \$100 tax credit, but nothing has been forthcoming.

In his response I am sure the minister wants to bring us up to date on his involvement in the housing aspects of northern Ontario. It came as a bit of a shock when I read the ads the Ministry of Northern Development and Mines ran with respect to getting input from northerners on housing needs. One trip across northern Ontario would provide all the information needed.

Nevertheless, why is he moving into an area where he will be usurping the responsibility of the Ministry of Housing? What is the Minister of Housing (Mr. Curling) doing? This gives me some concern. I think the minister has plenty on his plate to look after without looking after the problems of another ministry. I would like some explanation about why he moved into this field and how he will co-ordinate his input with that of the Minister of Housing.

I was puzzled by the minister's comments in late July when he was speaking on economic diversification in northern Ontario communities. He stated it was about time the north got its fair share of industry. I do not disagree with that. "Everything possible should be done to get the Toyota plant into northern Ontario." That is

quoted from the Timmins Daily Press, July 27, 1985.

The next comment I heard about the Toyota plant was in mid-September when the minister said, "We will not have Toyota in Hearst." That is from the Kapuskasing Northern Times, September 18, 1985. Of course we all know Toyota announced in December that it would establish its plant in Cambridge, Ontario. I was hoping the minister could explain these comments for the benefit of members present. I am sure we would all like to know what initiative and what effort the Minister of Northern Development and Mines went through to attract Toyota to Hearst. I would like his comments on that.

Hon. Mr. Fontaine: Ask the Toyota people first.

Mr. Bernier: Maybe he should have gone to Wawa and Blind River.

Mr. Wildman: I thought it was supposed to go to Sault St. Marie.

Hon. Mr. Fontaine: That is not what I said. First of all, I said the Sault.

Mr. Bernier: Was it Sault St. Marie? I would be interested. These off-the-cuff comments can get the minister into difficulty, so we will be waiting—

Hon. Mr. Fontaine: Do not read that. It will give you a heart attack.

Mr. Bernier: The minister always contradicts what he said, but we read it in the newspapers and that is all we can go by. If he is saying the media in northern Ontario does not correctly report him, then he should stand up and say that the media in northern Ontario is a bunch of—

Hon. Mr. Bradley: Whose newspaper is that?

Mr. Bernier: I do not know. Maybe it is the paper that is operating out of Kapuskasing.

Hon. Mr. Bradley: Is that the paper owned by the former member?

Mr. Bernier: I wonder. I read the Kapuskasing Northern Times and I think the former member is very kind to the present member. He reports him front page on a fairly regular basis, his picture is in there on a regular basis. I think Mr. Piché is being very kind and runs a good factual newspaper. I hope the minister will not condemn our excellent northern paper from Kapuskasing.

I was interested to hear the minister make reference to a cabinet committee, of which I spoke a few moments ago, that would be established to approve northern Ontario regional development grants. We went through the whole

issue of the Nordev grants earlier this year. We finally got them back on stream and now we hear a cabinet committee has been established with the Minister of Northern Development and Mines as chairman to make decisions with regard to these grants.

Perhaps the minister will tell us in his response how many meetings this cabinet committee has held, when they were held, how many applications were dealt with and the names of those making the applications. That would be of interest to us.

We also heard there would be a real increase in the amount of Northern Ontario Development Corp. loans, or moneys going to NODC for northern Ontario. I do not think we have seen any of that happen yet, but maybe the minister will enlighten us as to what is going to happen in that field.

Hon. Mr. Bradley: Is it true you said we were going to win more seats in the north?

Mr. Bernier: They will keep the present one; I do not disagree with that. Their track record in the past 10 years has not been good. They have averaged one or two seats, so they will have to work a lot harder than they have been doing and they will have to come up with some of the new programs they have been talking about for the past 40 years. Nothing has happened. There is nothing in these estimates that would encourage me or any other northerner to vote Liberal; there is nothing there. Even the Minister of Tourism and Recreation has a decreased budget. This minister has a decreased budget. That all affects northern Ontario. I do not know how they are going to march that kind of information across northern Ontario and expect to get more seats.

I am sure the member for Algoma will agree with me. He might not say it as strongly, but I am sure he will agree with me that with the present policy of this government, we in the Tory Party and they in the New Democratic Party have no fear of any thrust from the government benches.

The tax increases alone will scare a lot of northerners off; something like \$700 million in additional taxes imposed on them by the government last fall.

I have a copy of the North Bay Nugget. It is very interesting. There is a picture of my colleague the member for Port Arthur (Mr. Foulds). It is headlined, "NDP Upset with Gasoline Tax Hike." I want to remind the people of northern Ontario through Hansard and through these printed documents that it was the New Democratic Party that supported the Liberals in their desire to increase gasoline taxes.

Mr. Wildman: No, they backed off.

Mr. Bernier: They backed off a pittance. They issued a press release saying they are violently opposed to the gasoline tax increase, but then who supported the government in the Legislature? They do not go around northern Ontario telling their constituents, "We supported the government on the tax increase for gasoline and fuel oil." They do not say anything about that; not a bit. However, they cheat a little in their press releases.

The New Democratic Party should say here what it says in northern Ontario and should say in northern Ontario what it says here. It is not two different places; it is the same place and will catch up with them.

I am coming close to a conclusion. I have touched on a number of areas and a number of questions. We have laid something like 40 to 50 questions before this committee that I hope will be answered before our time runs out.

I would like to conclude by repeating what I said at the start of my comments. I am disappointed and surprised that this new government has not offered northern Ontarians many of the new and bold Liberal initiatives we heard so much about for so many years, many of which I have touched on in the examination of these estimates. This has led me to reaffirm my opinion that this government is weak and afraid to show its own policies to the people of northern Ontario.

3:50 p.m.

Finally, the confusion about the ministry's mandate has led many northerners to believe that the Liberal government of Ontario has little interest in and little commitment to the unique needs of northern Ontario.

I look forward to hearing the minister's response and I hope there will be some very positive statements of assurance for all northern Ontarians who wish to share in the development of this ministry.

Mr. Wildman: It is a pleasure for me to participate in this debate on the estimates of the Ministry of Northern Development and Mines. At the outset I will express my congratulations to the minister in a public way—I have done it privately—on his appointment to this position and on the work he has done so far in trying to inform himself of the various concerns of the communities across northern Ontario and to bring those concerns to the cabinet table and to the Legislature. This minister certainly has a great deal of energy, which he has demonstrated in his travels across northern Ontario in the few months he has

been the minister. He has indicated a sincere concern for and desire to understand the problems and difficulties that northerners and northern communities face and a desire to try to get as much input as possible from the people across northern Ontario. I congratulate him on that.

We are in a rather unusual position in that, while we are considering the estimates for this ministry, we are really considering estimates from a year past. Rather than concentrate on the programs of this ministry, I will spend most of my remarks dealing with some of the problems I see in northern Ontario and with suggestions that this party believes should be considered for trying to deal with the long-standing problems we have experienced in northern Ontario.

I will not reiterate some of the comments made by my colleague the member for Kenora (Mr. Bernier), but there are a couple I would like to touch on briefly. I will concentrate on economic problems and on the difficulties in northern Ontario related to our dependence on resource extraction. I realize that in the debate on these estimates we will be able to deal with all of the items instead of going on an item-by-item basis. However, I will leave my specific questions on particular line votes until the time we are going to pass those votes. I do not expect I will be making extensive comments at that time; rather, I will be asking specific questions.

The member for Kenora did mention the question of the name of the ministry. He made reference to an editorial in the *Thunder Bay Chronicle-Journal* of November 29. I would like to point out a couple of the comments that were made in that editorial a little more extensively than the former speaker did.

The *Thunder Bay Chronicle-Journal* says in an editorial entitled "What's in a Name?": "More than anything else, changing the name of Ontario's ministry for northern affairs appears to be a bid by the government to be seen to be doing something new for this part of the province as opposed to actually doing something new." I certainly hope that is not the case.

Further on in the editorial the writer says: "Ontario's Liberals supplanted the Tories in power at Queen's Park last June and added the words 'and Mines' to the Northern Affairs ministry's name. Fifteen years earlier the name was the same, only in reverse order.

"Last month the minister, René Fontaine, announced he wanted to change the name again, this time to the Ministry of Northern Development and Mines."

Before I go on with some other comments made in this editorial, we in our party did get a

little confused. We also got a little confused as to the method used by the government to change the name. When the minister indicated the name would be changed, we anticipated—for all of the reasons I will deal with in a moment—that would entail an amendment to the Ministry of Northern Affairs Act, since the second section of that act names the ministry. That would have been a minor legislative change in the House, but we anticipated that would be the approach used.

Instead, the government used an order in council appointing the minister as Minister of Northern Affairs and Mines. The order in council gave that minister the responsibility for carrying out the duties of the Minister of Northern Affairs and the responsibility for dealing with the Ministry of Northern Affairs Act, as well as the Mining Act and a couple of others.

Frankly, we find this to be an odd approach to this minor administrative change in name. I realize the minister believes, and has stated, that it is more than a minor change. He believes it is an indication of a different approach of the ministry. However, I never got an explanation from the government as to why it used this rather strange administrative tactic to change a name when it simply could have made a minor amendment to the Ministry of Northern Affairs Act.

Mr. Bernier: It would have been debated here.

Mr. Wildman: Exactly.

At any rate, the editorial goes on to say: "The reason, he said"—referring to the minister—"was to 'put the accent on development—not just economic development but social development as well, because the two must go hand in hand.'" We applaud that, but then the editorial writer says: "At this point it may be useful to refer to Bill 21, An Act to Establish the Ministry of Northern Affairs. Among the ministry's functions would be 'making recommendations regarding priorities for research of social and economic conditions of all areas of northern Ontario.'"

Frankly, the editorial writer is saying the former Ministry of Northern Affairs had the responsibility for making recommendations with regard to social and economic development in northern Ontario. One is reminded of the phrase, "What is in a name?" or "A rose by any other name." My view, and I know the minister does not necessarily agree with it, is that it does not matter what the name is. What is important is what the ministry does.

Honestly, I do not think the ministry or the government in the past has been able to adequately respond to the needs of the north with regard to the social and economic conditions and the need for development. I do not believe that changing the name in itself is going to bring about that change.

I understand the minister is sincere when he says this is symbolic of a change in approach, and we anticipate that we will be seeing evidence of that in the weeks and months to come.

The editorial writer ends by saying: "The accent, then, has been on northern development, both social and economic, from the start. There is nothing of substance in Fontaine's word game."

I hope there is something of substance in it and I do not characterize it as a word game, as this editorial writer does. I also question whether the accent has been on northern development, both social and economic, from the start of this ministry. The ministry has done a lot to try to deal with northern problems. However, over the weekend I looked back over the estimates debates of this ministry and at the debate we had in this House when the Ministry of Northern Affairs Act was introduced and, frankly, a lot of the comments I will be making this afternoon are comments that were made in those same debates.

The problems we identified in those debates remain. They have not yet been adequately dealt with and we look forward to the initiatives this government may bring forward that will deal with those problems.

4 p.m.

In his leadoff speech, the minister recognized the problems. He was quite frank in his description of the problems in northern Ontario.

If I look at pages 2 and 3 of the minister's presentation, he itemizes the problems he sees and that most of us in northern Ontario understand exist in that part of the province. He points out that we are dependent on the mining and forestry industries and that these industries are very important to the economy not only of the north but also of the whole province. He goes on to point out that the north's dependence on these resources means the economy is a fragile one. He points to the difficulties we are experiencing with regard to competition for markets, particularly with regard to metals but also in forest products.

Mr. Bernier: Mr. Chairman, on a point of order: These are very important estimates. They relate to a very large area of Ontario. I would point out that we do not have a quorum.

Mr. Chairman ordered the bells rung.

4:05 p.m.

Mr. Wildman: While some might think I would be disturbed by my colleague the member for Kenora calling a quorum while I was speaking, I agree completely with his point of view that we need to have more members of this Legislature take an interest in northern Ontario and listen to the concerns expressed by members from the north during this debate. I am gratified to see that the quorum call brought two more members from the north here, one from the Conservative Party and one from the New Democratic Party, so I guess we are making some progress.

I want to assure the committee that my colleague the member for Scarborough-Ellesmere (Mr. Warner) has told me that he and a number of my other colleagues were in the lobby. While they were outside, not only were they listening to my remarks but also they were discussing what we should do with Minaki Lodge. So they do have an interest in the north.

As I was saying before the quorum call, the minister, in his leadoff remarks, did recognize the problems that we have in northern Ontario and that have been endemic in our economy. He did state that as a result of these problems, the competition that we are experiencing in the metals market and the forest products market—more than 30 per cent of the northern work force is in resource industries and more than 70 per cent of the region's manufacturing jobs depend on them—in recent years the cyclical nature of these industries has been worsened by world market trends, falling prices and reduced demand. That is true, but there are a couple of comments in that statement which raise some concerns in my mind.

The minister recognizes the cyclical nature of the resource industries in northern Ontario and no one can deny that. He understands that we are experiencing falling prices and reduced demand and the problems that result from those. But as I look through the minister's comments, I am concerned that beyond wanting to consult—as I said, the minister has done a great deal of consultation throughout northern Ontario asking for input from the people of the north—there are not very many solutions proposed to the problems of the cyclical nature of these industries, world market trends and how we respond to the falling prices and the reduced demand.

That the minister wants to consult with northerners is welcomed and he has done so widely, but in my view the responsibility of a government must be to present proposals and

initiatives about which the minister could then consult with northerners. I am a little concerned that in consulting without some kind of focus we may get a lot of ideas, many of them useful, but some of them might be in conflict so that we will not gain as much as we could if we had a more focused discussion across northern Ontario.

4:10 p.m.

As the minister indicated, it does not matter whether the commodity is nickel, lumber, pulp and paper, iron ore, or the gold from the new boom in Hemlo, the correlation between resource development and the economic weakness is a fact of life. Resource development is synonymous with dependency and dependency means vulnerability for communities in the north and for northerners.

The minister's party stated in its northern policy paper for the 1985 election campaign that the northern economy suffers from a boom-and-bust cycle related to resource extraction. The minister reiterated that in his leadoff remarks. We all know that in northern Ontario we have between 85 per cent and 90 per cent of the province's land mass but only about 10 per cent of the population. The north supplies more than \$2.03 billion worth of minerals and raw materials for the \$5.7-billion forest products industry, but the economy of northern Ontario is starving for an injection of secondary industry to stabilize this boom-and-bust cycle we have had to endure ever since the north was first opened up.

Resource industries have been subject to wild fluctuations in markets as well as the depletion of the resource; 30 mines have closed in Ontario since 1977. From 1980 to 1984, employment in the mining sector decreased from 50,000 to 35,000. Production of major metals has had a steady and significant decline in Ontario in the last decade. Since 1971, iron, nickel, copper, zinc and gold, despite the Hemlo find, have fallen in production. The value of metal production in Ontario is down from \$3.8 billion in 1980 to \$3.4 billion in 1984.

From 1983 to 1984, the number of jobs in forestry has also dropped from about 15,000 to about 12,000. Even more alarming, as the minister should be very aware, we face shortages of wood in many communities of the north, perhaps even in Hearst, Chapleau, Thunder Bay, Nipigon and Atikokan.

These facts are not new and I am sure they are not new to the minister. In the north, our economy is so susceptible to the boom and bust of resource extraction that governments just accept and/or ignore it. I do not mean past or

present governments do not care, but they are so used to the boom-and-bust cycle they just say that is the way it is. As the minister said in his comments, it is the cyclical nature of these industries.

This summer, in a brief to the select committee on economic affairs, after admitting we have lost about half the nickel jobs and over half the iron ore jobs in Ontario, the then Ministry of Northern Affairs and Mines went on to assert glibly that these losses will be offset to some extent by the new mining jobs being created in the Hemlo area gold mines. I suggest this does not provide much hope to the hardrock miners of Sudbury or Wawa who have lost their jobs because of Inco or Algoma ore division cutbacks.

What does a miner in those communities do when his life's savings are locked up in a house that cannot be sold because of the depressed realty market, or who is too old, in mining terms, to move to Hemlo and get in on the next boom? Unless we get changes in our economy and in the government's approach to the economy of northern Ontario, that boom in Hemlo will some day be a bust. Whether we like to admit it or not, as soon as one opens a mine in northern Ontario or anywhere else, it is on the way to its closure. Obviously, mineral resources are finite and subject to changes in the market and to the depletion of the overall resource.

Even if a miner moves to Hemlo, if he is a young man, unless we see changes, he may face closures in those communities some time down the road, whether it be 25 years or more. It is time this government and northerners in general got involved in planning for that future. We have made some moves and the minister has made some moves in this regard, which I will refer to later.

The minister confirms that the Liberal government has the same attitude, I am afraid, in this regard as its predecessor government, the Conservatives. On page 12 of his leadoff statement he says, "Mining has always been a cyclical industry, but its ups and downs have been particularly pronounced over the past few years." Listen to this: "Neither the industry itself nor the government can do much to flatten out these hills and valleys."

I hope the minister was simply referring to the hills and valleys in the production of a particular mine rather than the overall cyclical nature of the industry and how it affects northern Ontario in general. If the second is what he was referring to then, in my opinion, it is an admission of failure right at the beginning. Frankly, if that is what the

minister meant, and I hope it was not, it is almost as though he is throwing up his hands at the beginning and saying, "This is a serious situation, a problem, but we all know very little, if anything, can be done about it."

I hope that is not what he meant. If he did, at least we can thank him for being honest. I am not sure that past governments have been as frank.

As long as this attitude persists, though, the north will continue to be denied its fair share of the prosperity that is based upon the exploitation of its resources and its wealth. As indicated in the Liberal policy paper, development decisions will be made in the interests of the Golden Horseshoe rather than of northern Ontario. The north will continue to be a resource hinterland. Its role will remain that of a supplier of resources for the expansion of manufacturing in the south. It will remain, to a great extent, dependent on the extraction and export of primary mineral and forest resource products.

Even though the north contains 75 per cent of Ontario's productive forests, and more than 90 per cent of the annual ore tonnage that is extracted comes from north of the French River, much of the wealth and job creation potential of the north's resources is lost to southern Ontario and to other metropolitan centres.

For example, while the north produces virtually all of the province's timber and pulp, fully 60 per cent of the jobs involved in processing these raw materials are located in southern Ontario. Because of this situation, the regional disparities between north and south have been perpetuated, and they continue. Despite all of the efforts of past governments throwing money at the situation, and tinkering, we still remain far poorer overall in northern Ontario, despite our great wealth, than the southern part of the province.

The population weighted average per capita income for northern Ontario is \$10,219. That is 83.9 per cent of the per capita income average in the province.

In the Manitoulin district—I know my friend the member for Algoma-Manitoulin (Mr. Lane) will be fully aware of this—we have the lowest per capita income in the province. It is \$6,644 weighted average per capita, which is only 54.5 per cent of the provincial per capita income.

It is not as if governments in the past have completely ignored the situation. They have maintained, at least, a façade of concern. They have set up studies, hired consultants, appointed commissioners, and studied, studied, studied the north to death.

4:20 p.m.

I have said in the past that the main growth industry in northern Ontario over the last few years has been consultancy. Every time there was a problem, instead of doing something about it they hired another consultant, but there has been very little action to change this situation. We have had legislative committees study the north. We have had task forces look at various aspects of the north. We have appointed boards and royal commissions.

Sometimes these reports have just gathered dust on the shelf afterwards. Other times the government has tried to act on some of the recommendations of the reports, mainly by throwing money at the problems. The overall result was described very well by the Sudbury and District Chamber of Commerce in 1977 when it described the previous government's approach to northern Ontario as "a profile in failure."

I am sure the minister would enjoy reading that report by the Sudbury and District Chamber of Commerce. It is a very reputable group. It is not some left-wing faction and certainly not a radical group. That 1977 report makes interesting reading.

The reaction of the then Treasurer of the province, Darcy McKeough, the Duke of Kent, when he received the chamber's report, was also very interesting. I think he said something to the effect that northern Ontario generally, but Sudbury in particular, would not see secondary manufacturing in his lifetime. Of course, we all know where Darcy is now. I think he is looking for work. Perhaps they might consider hiring him as an industrial commissioner in Sudbury.

It is not as though the former government did not recognize the problems. Specifically, a Conservative leadership candidate in the second to last leadership campaign recognized the problems. He said: "What is missing is effective leadership and appropriate growth strategies that can harness this potential. For decades, bureaucrats from Toronto have been coming forward with one program after another that was billed as a solution to your problems. You still have these problems." He meant northern problems.

That was a tremendous admission by that member of the Conservative Party, that after his party had been in power for 42 years, after his party had been the government responsible for responding to the needs of the north, those needs had not been met and the problems were still in existence and were being compounded. As he pointed out, what was missing was effective

leadership and appropriate growth strategies that could harness the potential of the north.

The minister has been a little alarmed by some of the comments I have sometimes made in the House with regard to the latest report of significance about northern Ontario, the Royal Commission on the Northern Environment. I am worried that we may be seeing a repetition of the reaction the previous government had to reports prepared for it, whether by consultants, commissioners, boards or legislative committees; that we might see government lipservice in response to the recommendations of the report of that royal commission, but nothing more.

So far we have not had a definitive government response, even though the report was finished, I believe in May or June, and published in August. It is six months later and the government has moved in some areas, but we still have had no official response from the government as to its position on the many recommendations of commissioner Fahlgren.

Perhaps the minister will come forward with a progress report to the House. Perhaps during these estimates he can tell us what has been done in response to the recommendations in the commissioner's report—that these are ones the government thinks it should be moving on; these are ones it thinks should be changed and not necessarily implemented the way they were proposed; and these are ones it does not think should be followed up.

We need to have some kind of official response. We are looking at the most expensive and lengthy royal commission that has ever taken place in Ontario's history. If that is not to be a complete waste of time and money, then we need to have some sort of response from this government.

I realize this commission report was sort of dumped on the minister. It was not his commission, it was not something he had set up and it certainly went on much longer than any of us anticipated, but there are some interesting and important recommendations in that report. It is important for us as a Legislature to know the government's position. Perhaps it would be useful if we could debate in this House some of the recommendations or at least the government's response to the recommendations of the royal commission.

In an economy that depends on resource extraction, communities are dependent upon the decisions of multinational corporations. It is hard to find a community in northern Ontario that is not a single-industry town. One-industry towns

are very vulnerable to the decisions made by corporation managers in the privacy of their boardrooms. As I have said, the Liberal government and the minister seem to recognize the problems of the north. With regard to one-industry towns, the minister has set up a committee of which I am a member, along with my colleagues the member for Carleton East (Mr. Morin) and the member for Rainy River (Mr. Pierce).

My colleague the member for Kenora raised the question in the last session we had on these estimates, wondering whether this committee has muzzled its members in the Legislature. I can assure him it certainly has not muzzled me and I do not think it has muzzled anyone on the committee. We are reporting to the minister specifically with regard to suggestions we might have, with approaches for an Ontario model of the development of one-industry towns, but there is nothing in the terms of reference of the committee, nor in the discussions we have had about how it will operate, that says members cannot express their views publicly during the time of the committee's work. I certainly intend to do that and am doing so this afternoon.

Mr. Bernier: Does the member agree with having a select committee?

Mr. Wildman: To be frank, having been a member of this Legislature for 10 years, I would have preferred a select committee of the House. The minister decided to take this route, and it certainly is an innovative approach he has taken. I have not been able to find a precedent for it.

The closest I have been able to find is the task force that was headed by the federal member for Cochrane-Superior, Keith Penner, with regard to Indian self-government. It was a parliamentary committee with members of Parliament and full voting members on the committee who were not members of Parliament but who did very important and significant work with regard to the approach to self-government for our native people under the Constitution.

There are some significant differences. That was a committee of Parliament which had added members. The majority were members of Parliament, as was the chairman. This is an unprecedented approach. It is one with which I am prepared to co-operate and work hard. I hope we will be able to come up with some ideas that will be useful to the minister and the government as well as the Legislature and the people of the north.

4:30 p.m.

While I am happy we are going to be looking at the problems of one-industry towns, I am concerned that the government does not appear any more willing than the previous government to challenge the lead role of the multinationals in northern Ontario—multinationals that control our resource industries—to ensure the diversification of such towns. I have had no indication as yet that we are going to have a government that is prepared to challenge the role of the private sector, which has led to the boom-and-bust, one-industry ghost towns we have experienced in the north.

Of the single-industry towns in Ontario, 60 per cent are in the northern part. They exist, as the minister knows, only as long as the private companies find it profitable to export the resources of the area. As soon as that is no longer profitable, the company will shut down. The mine or the mill will close and the municipality and the residents are left holding the bag. That has been the history of northern Ontario right from the time the railroads went through.

If the government leaves the lead role to the private sector and fails to take the lead in affecting investment decisions, then undiversified communities and their residents will not fare very well. The corporations who take the profits out of the area certainly get along very well in that kind of an environment.

We have only to consider the plight of Ear Falls and Red Lake to understand this situation. As members of the Legislature probably are aware, there was a very important and significant event in Ear Falls this weekend. There was a party held there, basically to say goodbye. I know the mayor, Mr. Leschuk, is determined that the community will survive and develop. There is a feeling among many people that they want to see the community continue to serve as a home and a place where people can live and work. In essence, that party on the weekend was a farewell party.

I understand the international president of the United Steelworkers of America, Lynn Williams, was present. I am looking at this morning's edition of the Thunder Bay Times-News and there is a quote from Lynn Williams which I think is significant. He began by saying, "Mine closures," such as Stelco has done with the Griffith Mine, "are unconscionable. We have a society where people want to work, create things, want to do things and contribute to the progress of society. They are denied the opportunity to do so."

They are denied the opportunity to do so because the future of that community and the surrounding communities is dependent on investment decisions which consider the bottom line and do not consider the situation and what it is going to mean to the community.

My colleague the MP for Kenora-Rainy River, John Parry, was also present and was quoted in the newspaper as saying; "The social"—that is the party—"and the mine's demise were indeed a sad comment on the lack of economic planning in Canada, particularly in northern Ontario where these types of closures continue."

He could not be more right in saying what he said next. "The days of the packsack miner and families must come to an end. People who invest their work in a mine must not be forced later to uproot their families and roam around our country in search of work."

The decision by Stelco means that, with the closure of the Griffith Mine effective April 1, there is a death sentence by economic strangulation of the communities in the area. There will be 280 jobs eliminated. This could mean the decline of the Ear Falls population from 2,100 to about 1,400. The projected adverse impact on the local municipal tax base, on the ability to maintain schools, on real estate values, on small businesses and on community vitality is obvious and disastrous.

Ear Falls obviously is not an isolated instance. We have seen the experience of Atikokan. Some people might point to Atikokan and to the response of the former government to the closure in that area; or even to the closure of the Griffith Mine, the political pressure that was put on Stelco to postpone that closure for a year and the efforts that were made to bring about a better severance package. They might say the former government did respond to the problems of one-industry towns of northern Ontario. In a way it did, but its response was a reactive one; it was not proactive. As soon as those mines opened, everybody knew that some day they would close.

Mr. Bernier: What would the member do about Wawa?

Mr. Wildman: I am going to speak about Wawa in a moment. It is exactly the same problem. There was not a proactive approach. We have never gone into those communities and asked: "How do we plan for the future? How do we ensure that when the mine closes down, there will be a viable economic base in the community, so it can continue, so the municipality will be able to maintain its schools, real estate values will not drop out of sight, small businesses will

continue to operate and the community will remain vital?" I hope the committee that has been set up can come to some conclusions about a proactive approach, and I am certainly willing to work towards that.

However, in the past, because no alternative industries have been developed during the years of prosperity, mine closings inevitably imposed severe hardships on the miners, their families and the whole community. This type of economic development cannot possibly provide a secure foundation on which stable communities can be built.

In his leadoff the minister did comment on the need for diversification in mining communities. He stated it was his intention to encourage increased processing of ores in Canada, which is a laudable intention. Then he went on to say:

"We will not be doing this in a heavy-handed fashion. Rather, we will examine each requested exemption having regard for the impact on jobs in Ontario and on the economy as a whole. The government intends to deal with each situation in a fair and reasonable manner."

I suggest to the minister that he start dealing with the situation of Falconbridge and that he deal in a fair and reasonable manner with the community of Sudbury. It is unconscionable, in my view, that Falconbridge has been able to operate in northern Ontario for all these years under an exemption that allows it to continue to export that ore for processing overseas. As we all know, by exporting that ore we are exporting jobs. There are more jobs in processing and refining than there are in primary resource extraction.

4:40 p.m.

The argument of the former government was always that if it did not allow Falconbridge an exemption to export the ores for processing elsewhere, it would not continue to operate in Sudbury. It would not be economic for the company and we would lose all those underground jobs in Sudbury. If the minister is going to deal with these problems, I suggest he deal with Falconbridge. If he does not want to be heavy-handed about it, then he should do it some other way. Approach it with kid gloves, if that is necessary, but the result must be that these ores will be processed in Ontario to produce jobs in Ontario so the wealth we extract from underground in the Sudbury basin benefits Ontario directly rather than continuing to benefit other countries.

As long as we continue to allow companies to take wealth out of the community without putting

wealth back, we will experience the kind of instability of family and community life in northern Ontario that has been dramatically and unfortunately reflected in the region's migration figures. The ups and downs of the economy, frequent layoffs and the relative absence of alternative job opportunities have forced people to look elsewhere for ongoing employment.

In 1981, the total population of northern Ontario was 819,576, which was an increase of only 0.3 per cent over the previous census in 1976. Over the same period, Ontario's total population increased by 4.4 per cent. The percentage of northern population to the overall provincial population declined from 9.9 per cent in 1976 to 9.4 per cent in 1984.

Thousands of idle workers in the north and people leaving to find work elsewhere are living testimony to the failure of the former government to stimulate the economy of the north. Since 1980, the unemployment situation in northern Ontario has worsened. As the minister stated in his leadoff remarks on page 3, we are experiencing a very serious recession in northern Ontario.

In 1980, the average number of unemployed in northeastern Ontario was 18,000, or eight per cent of the work force. In 1984, the number of unemployed had doubled in total to 36,000, or 14.9 per cent of the total work force. In northwestern Ontario, unemployment increased from 7.2 per cent to 9.4 per cent.

It is important for members to realize that these figures from Statistics Canada are vastly underestimated because, for some reason which has yet to be explained to me, they exclude the total native population.

I sometimes think we live in a racist society. Why is it that the federal government, in reporting employment figures in northern Ontario, talks only about white employment? It sounds as if we are accepting the fact that the vast majority of the native population is out of work and will remain out of work. If we were to include the native population, those figures would skyrocket.

Also, those figures are somewhat misleading because obviously some communities experience much higher rates of unemployment. The area that I come from reached rates of unemployment in the neighbourhood of 25 to 30 per cent during the recession. We are coming out of the recession and things are improving, but one of the main reasons for the drop in employment, besides the fact that some of the workers in the Sault Ste. Marie and Algoma areas have been called back to work by Algoma Steel Corp., is

that large numbers of people have left the area and gone elsewhere looking for work, mostly to southern Ontario.

So while the people who like to take a Pollyanna approach to northern Ontario can point to the figures and say, "It is still bad; we have high unemployment, but it is better than it was," they will not be able to argue that it is because we have created a lot of new employment. It is largely because the people have given up and left.

The northern economy provides fewer opportunities for young people and women than we have in southern Ontario. That is obvious. If we have an economy that is based on resource development, we are going to face a situation where few women are going to work underground in a mine, for instance, or in the bush. Some do. We did change the Mining Act a few years ago to allow women to work underground. They are, however, nontraditional jobs and very few women are able to take them.

With the recession, there is very little opportunity for young people, particularly as we come out of the recession and companies recover through changes in processes and greater automation. It means fewer jobs in the future and fewer opportunities for young people.

In 1984, the participation rate for the work force was only 60.6 per cent in northeastern Ontario. That was the lowest of any part of Ontario. Northwestern Ontario was slightly better at 65.1 per cent. That is still below the 1979 average and we are supposedly coming out of the recession.

In 1983, northeastern Ontario had the highest youth unemployment rate in the province. One youth in four was unable to find work; 25 per cent unemployment. In the northwest, it was not much better. One youth in five or 20 per cent could not find work. In October 1984, almost one in three males between the ages of 15 and 24, was unemployed.

When speaking in the House in the past, I have been accused of being a doomsayer. My friend the member for Kenora used to accuse me of doom and gloom. I have always been careful, though, in outlining the problems we experience in the north, to try to put forward suggestions for change and proposals that might resolve some of these problems. Unfortunately, despite my efforts and those of my colleagues and of many people in the north, we seem to have missed our opportunity to build a balanced economy in northern Ontario.

Let us take nickel as an example. Canada and Ontario used to have a virtual world monopoly on nickel production. In 1940, Canada represented 86 per cent of world nickel production. By the mid 1980s, Canada's share had dropped to 20 per cent.

It is interesting that during this recession, that is from the period of the Depression in the 1930s up to 1981, Inco never sustained a year of loss. During the current recession, it has experienced losses, but during that period between the Depression, before the war, and the 1980s, there was never one year of financial loss for Inco.

Inco has taken literally billions of dollars worth of surplus out of Sudbury and out of this country. That economic surplus was used to acquire companies in unrelated areas such as a battery manufacturing plant. It was used to reduce the company's dependence on Sudbury workers through nickel investments in Guatemala and Indonesia, unwise as they were.

Now nickel prices are at a 30-year low. Inco's investments have been financial disasters, including the battery plant and those in Guatemala and Indonesia. Third World producers are in open competition with the company. As a result, Inco has reduced its Sudbury work force from 18,000 in 1971 to 7,100 in 1985.

The point is this: Nickel was a strategic and valuable resource. It was clear that our stranglehold on world production would not last forever. Instead of using the economic surplus that the limited resource produced to help build a manufacturing base, we allowed Inco to use the surplus as private property.

4:50 p.m.

It is not just nickel. Look at forestry. We have allowed companies to devour our first-growth forest and now we have a situation in which a renewable resource has become a scarce commodity. The companies that have done the plundering have not even used the economic surplus to reinvest in their own industries or in the regeneration of their own raw materials, so much so that the federal and provincial governments have had to come to the rescue of the industry in the last few years and provide grants so that it would modernize. The taxpayers paid for the modernization while the companies took the profit.

The Ontario Forest Industries Association appeared before the select committee on economic affairs and actually admitted that many of the industry's paper machines are 50 to 70 years old and cannot compete with Scandinavian

production, where the average age of machinery is about five years.

Why is the pulp and paper industry allowed to continue to produce on machinery that was modern around the time of the First World War? When the industry argues that it needs more modern machinery, why are the taxpayers, federal or provincial, expected to foot the bill? Despite decades of profitability, why has it taken hundreds of millions of dollars of the taxpayers' money to help the industry upgrade its facilities?

I know I am not saying anything the minister is not aware of. In his remarks, the minister stated that northerners are more and more unwilling to accept as normal the economic uncertainties produced by the boom-and-bust cycles common to resource economies. They rightly demand greater economic stability and diversification, such as that enjoyed in the southern part of the province. The minister said he had inherited this situation, and it is obvious he has; he was not here before. However, he said he is not pessimistic and that there are steps that can be taken and approaches that can be used to strengthen the northern economy.

What is missing in the statement is a delineation of what this minister thinks should be done. I did not really find it in his statement, so I went to a document I know the minister is familiar with, namely, The Ontario Liberal Party and the North, A Fair Share in Ontario's Prosperity. That was the Liberal Party's platform in the last election campaign. In that document, the Liberals suggested a number of things should be done.

For instance, they said the immediate responsibility of the government would be to release an independent report on the state of Ontario's forest industry. I know the minister will point to the efforts made by his colleague the Minister of Natural Resources (Mr. Kerrio) in hiring Dr. Baskerville to do an assessment as a fulfilment of that commitment.

He knows very well what our position is with regard to that. We want to have an independent assessment of our forest resource, but the time frame and the terms of reference of that inquiry by Dr. Baskerville, in our view, will make it possible for him simply to investigate the figures in the ministry's files and we will not get the kind of true picture we need.

The document on the Liberal Party's commitments to the north also said the government would provide for regeneration of all cutover lands and the backlog of unsatisfactorily restocked crown land. This would ensure adequate supplies to meet current demands and allow for

future expansion. They would greatly increase the current regeneration program to meet our wood supply target. The government would establish a consistent and continuous forest species inventory to record species, maturity and climatic conditions.

Further, they would place a priority on increased research and development in support of forest renewal and intensive forest management and would increase funding for forestry schools, such as Lakehead University, which are facing severe budget cuts at a time when greater demand is for silviculturists. It would control the cutting practices for lumber companies to eliminate wasteful cutting practices. It would encourage greater utilization of allowable cuts. He went on to say there was scope for increased use of hardwoods in pulping manufacturing. He said the Liberal government would ensure that silviculture requirements dictate logging methods.

The responses made by the Minister of Natural Resources, a colleague of the Minister of Northern Development and Mines, over the past few days with regard to the spraying program and the requests for input from people in the north, does not give me a great deal of confidence that we are going to see any real change in the approach to managing the forest resource in northern Ontario. If we cannot even move to look after the primary resource industry in the proper way, that does not give me confidence we are actually going to change our overall dependence on that one industry.

This is quite an interesting document. I have read it carefully over the past few months. I remind myself about it every now and then. When I have nothing to do, I take it out, try to memorize it and determine what is being done by this government to fulfil its commitment.

One of the things it says with regard to what I have been discussing is, "We would ensure that a larger share of the profits and products of the north's primary industries would be reinvested in secondary industries in the north, generating new jobs."

That is very supportable. It is something we in the New Democratic Party have been talking about in this House for years, but nowhere in this document or in the minister's leadoff comments do we find how they are going to "ensure that a larger share of the profits and products of the north's primary industries will be reinvested in secondary industries in the north, generating new jobs."

All we have from the minister is a statement that he is not going to use a heavy hand. It is

about time somebody started using a heavy hand in northern Ontario so that we have the kind of development based on our wealth that we deserve in our part of the province. If a heavy hand is necessary, so be it.

In this document the Liberals also said they had made a firm commitment to develop northern resources for northerners. They go on to say there will be a new ministry of northern development and native affairs that would be directed to northern development.

I will not go on at great length about the question of native affairs and why it is not part of this ministry, as the commitment was, and why we have mines rather than a separate ministry. Another commitment was that there would be a ministry of mines and they have not fulfilled it.

Mr. Bernier: Do you think it should be separate?

Mr. Wildman: I certainly do, but I will not go into that. It has been dealt with by my colleague.

Hon. Mr. Fontaine: I asked the mining companies and the prospectors and they said they are glad they are going.

Mr. Wildman: I am not too concerned where the administrative setup is. If the Ministry of the Attorney General can come up with an agreement for native self-government and for development of native communities, that is fine. What is important is that we do something about their lack of control over their own resources and their own lives, and that we make it possible for native communities to develop so they can provide jobs.

When I say, "How is he going to do these things?" I suppose the minister will point to his \$100-million fund over five years for development in the north, part of which is the Nordev program for this year; \$20 million per year. That is a start and I am not going to look a gift horse in the mouth, but that fund does not deal with what I have been talking about, the need to actually change our approach in the north.

5 p.m.

In his statement, the minister says it is a big challenge to find ways of retaining more wealth in the north. That is true. He says that to do this we must strengthen and encourage the existing resource industries, the backbone of the north, and at the same time build a more diversified economy around those industries. Again, that is very supportable, but again it begs the question of how.

Hon. Mr. Fontaine: We carried that bill in one day.

Mr. Wildman: I recognize that. The minister has inherited what has been an ongoing problem, as I said, ever since the beginning of development in northern Ontario. What I am looking for, though, is some kind of blueprint for where we are going.

Hon. Mr. Fontaine: A redprint, not a blueprint.

Mr. Wildman: Okay, a redprint, whatever, as long as it is a print.

The minister does point to his cabinet committee on northern development, which administers the \$100-million northern development fund. I hope this government committee does not go the way of the last government committee on northern development. It was a committee on one-industry towns, which, as far as I can figure out, never met. If it did, nobody on the committee knew it was going to meet or when it met or what it did.

I hope this minister has the clout to actually persuade his cabinet colleagues, such as the Minister of the Environment (Mr. Bradley), who I am sure is interested in the problems of northern Ontario but knows almost nothing about them, even though he is originally from Sudbury, I believe, or at least his father is. I am not sure.

Hon. Mr. Bradley: I was born in Sudbury, too. It is a great place to grow up.

Mr. Wildman: As I said, the Minister of the Environment is an example of the problem we have in northern Ontario of our young people leaving for opportunities elsewhere. I suppose it was his father who left and took him with him.

Hon. Mr. Bradley: I could not get elected in Sudbury.

Mr. Wildman: That is true. He could not get elected in Sudbury, but I am sure that after his attempts to clean up the environment he will always be welcome in Sudbury.

Hon. Mr. Bradley: Except by the Sudbury Star.

Mr. Wildman: If the Sudbury Star is criticizing the minister, he must be doing something right.

The minister points not only to the cabinet committee but also to the committees that will advise him on development in the various areas. Again he is attempting to get input; he is interested in having northerners involved in the decisions and advising on development plans. However, we do not as yet see proposals for those committees to comment on.

There are a lot of places we could look. The minister could simply refer to some of his Liberal

colleagues. I am not asking him to accept the program of the New Democrats. For instance, we have Eric Kierans, a well-known Liberal—perhaps he has not been an insider with the federal Liberal Party in the last few years but he is a well-known Liberal—and he makes this comment:

“Resource-rich nations that continually yield up the value of their wealth in return for labour employed in this exploitation will never be more than resource nations. They lose the opportunity to form their own capital, capital which will enable them to break out of that very reliance on their resource base and reduce their dependence.”

The minister seems prepared to move in that direction, but we are not sure how. As a northerner, I am convinced that the link between resource development and regional disparity will not be broken as long as free reign is given to free enterprise. As a democratic socialist I am convinced that economic planning and government intervention are necessary to break the cycle of resource exploitation and economic dependency that we have experienced in northern Ontario.

I am now going to move to some suggestions. I have been critical enough. The government must, in our view, become directly involved to alter the fundamental structural weaknesses of the northern economy. Even the Conservatives recognized that in order to diversify, extensive and costly interventions in the market would be required. The Conservatives recognized this, but they shied away from it. Under the Conservative regime, economic development was left to the initiative of the private sector. Investment decisions remained private rather than public, undemocratic rather than democratic.

The big question for us now in these estimates is, will the Liberals leave the development of the north to large private corporations, the very institutions that have perpetuated the structural weaknesses in the northern economy, or are they about to become directly involved themselves?

In the final analysis, northern underdevelopment has been both economic and political in its causes. The unplanned exploitation of resources by private corporations is assisted by governments whose ideology prevents them from playing active, constructive and direct roles in the management of the region's economy.

New Democrats believe the future of northern Ontario can and will be built on the mining and forest resource industries, but that future is in jeopardy unless these resources are developed to

spur diversification to provide economic security for northern communities. As Commissioner Fahlgren said a couple of years ago, “We must all face the fact that some of our northern resources are under extreme pressure and that if economic development is not planned and properly managed, then there will not only be damage to the land but also to the people who live there.”

As he advocated, economic development decisions cannot be left only to the private sector; rather, all northerners must be involved in economic decision-making.

The overall goal of this ministry must be to diversify the northern economy by building a much strengthened secondary manufacturing sector, solving the problems of one-industry towns in the process. We must flatten the peaks and valleys of the boom-bust cycle. We cannot accept it and say, “It is too bad, but that is the way it is.” We must try to change it.

New Democrats are confident in the north and in its people, and I hope and wish the Liberals share that confidence.

As I have said before in this House, in acting to achieve economic diversification, the government should be guided by the following principles:

1. The benefits of northern development must accrue primarily to inhabitants of the region.
2. Priority must be given to making northern Ontario less dependent on imports.
3. Special assistance should be extended to locally owned businesses.
4. Meaningful local input into planning decisions is required.
5. Development, primarily north of the 50th parallel, must emphasize benefits to our native people.
6. The government must assume a direct, positive and aggressive role in northern development via comprehensive planning, public ownership, crown corporations and joint ventures with the private sector.

In closing, I will deal with two aspects: stability in the resource sector and diversification.

The government must bring about stability in the resource sector by ensuring the planned development of renewable and nonrenewable resources. To do this, we must negotiate planning agreements with the private companies that are operating in these resource sectors which would require reinvestment in job creation. In other words, they would have to return to the north some of the wealth they are extracting and

would have to be committed to do that to operate there.

The government should form crown corporations which could provide windows on the industries and operate in such a way as to help control the pace of development and integrate investment and manpower policies across northern Ontario. Specifically, a publicly owned mining development corporation could play a lead role in exploring and developing mineral resources.

As the minister and his Liberal colleagues have admitted, we are now faced with a tremendous backlog of unregenerated cutover areas of forest land. The government should establish a crown corporation to redress the current legacy of Conservative neglect and ensure a wood supply sufficient to guarantee the future of northern Ontario's forest industry and the towns dependent on it. I am suggesting we become directly involved and set up the corporations that could operate by themselves in these areas and enter into joint ventures with the private sector.

5:10 p.m.

With regard to diversification, the government must make its top priority the creation of secondary manufacturing capability in northern Ontario. The planning and development agreements with the private sector that I referred to could ensure Canadian content requirements for resource extraction operations, machinery and parts.

We have a great potential for import replacement in mining machinery. This provides us with a very high job creation opportunity. Other import replacement opportunities exist in household furniture manufacturing and the utilization of wood waste for energy such as methanol fuel. That was one of the things mentioned in the Liberal promises for northern Ontario and I hope the minister will be able to give us some idea of his progress with regard to the use of wood waste for energy purposes.

The ministry should work with local areas to develop inventories of local potential and local needs. I hope the minister's regional development councils will operate in this way. I think he is taking the right approach if that is what he is hoping they will provide him with, as well as being able to comment on government proposals to meet those needs and to develop the potential.

We have an urgent need in northern Ontario for an agency to provide advice and assistance and to develop appropriate technologies for local development. For input and suggestions and

proposals for changes, we cannot be solely dependent on the local communities and local residents of the north.

We believe a northern technological research and development institute similar to ones that have been developed in a number of American states could supply many proposals for new approaches and new technologies appropriate to the north. Perhaps the first areas it could look at would be import replacement with regard to food production and small energy generation. That would provide jobs and lower the price differentials that northerners have to endure because of our high cost of living and the distances from southern Ontario.

Finally, and most important in my view, the government should use its revenues from resource extraction to develop a northern Ontario fund, not a \$100-million fund over five years, but an ongoing fund tied directly to revenues from resource industries along the lines of the Saskatchewan and Alberta heritage funds or perhaps, on an even smaller scale, the Manitoba mining community reserve fund. These are proposals that I am going to make to the committees of which I am a member.

In our view, the moneys from such a fund could be used for economic development and social development, both overall across the north and in assistance with small communities and the economic proposals that the regional development councils might make. The overall goal of any economic strategy should be to make our lives better. Our economy should be structured in such a way that it serves the needs of the people and their communities.

That might sound like idealistic nonsense but I believe if we start from that principle, we can develop a strategy for getting there. In Ontario it is clear that we need to stabilize the northern economy by strengthening secondary manufacturing and diversifying regional and local economies away from the single industries or sectors. It is clear that we have to develop a public response to the boom-and-bust cycles which undermine stable communities and orderly economic development. It is clear that we have to eliminate the disparities between northern and southern Ontario.

In the north, the challenge is to develop a more self-reliant economy. I believe the necessary human and material resources exist to make northern Ontario as self-reliant as possible. The missing ingredient in the past has been a government with the political will to make the available resources work for the benefit of the

people of northern Ontario rather than for the benefit of outside investors.

The question that I hope will begin to be answered in this estimates debate is, are the Liberals prepared to make the government a vehicle for the economic and social development of a self-reliant society in northern Ontario?

Mr. Chairman: Carry on, Minister.

Hon. Mr. Fontaine: May I have my people here?

Mr. Chairman: Yes, that is fine. I say to the member for Algoma-Manitoulin (Mr. Lane), what we are doing is the minister's reply. He will reply to the statements of the critics.

Hon. Mr. Fontaine: I listened to the member for Kenora (Mr. Bernier) the other day and heard his remarks about me. I believe he called me Rambo at one point. I want to remind him that Rambo is the most popular official hero of the 1980s. I had no idea he thought so highly of me and I thank him for his comment.

The member also told me and this House that I did nothing for the Hearst airport. Where was he from 1972 to 1980 when we started to build? I am one of the ones who worked for 10 years to get that airport. When I came to Toronto, I negotiated with the Ministry of Transportation and Communications. I did not negotiate with the Ministry of Northern Affairs at that time. He came in near the end with \$132,000 for the lights, but it took 10 years of fighting to get this airport and I was one of those who fought and worked with my hands to cut the trees down to have an airport. I pass along that little comment.

Another thing that hurt me is, I do not know where he gets the idea that the staff has lost its morale. When a new minister takes over, the former minister should not say things like that. The staff is already in place. Some staff members heard what he said and did not like it because it is not true. I do not think a man of his calibre should touch on such an issue at all. There are times when it is better not to say certain things. Sometimes it hurts that person in later years.

Our staff comes from the previous government. We had several meetings and we put our ideas together. I told them I am new but as long as they are faithful to me, I will be faithful to them. There was only one move made in the form of a promotion and that was Mr. Hobbs. The others remained with me and will stay with me because I love them. I know they are going to work, too. They are with me for the many hours that I am there. They are there because they believe in northern Ontario, not only the people here but

also the people in the offices in Sault Ste. Marie and Thunder Bay.

There was a comment regarding no new programs or ideas. I remind the member that the estimates were largely inherited from the previous government when this ministry was under the leadership of the member for Kenora. In spite of that, I am honouring all the commitments made by him, all his programs. In addition, we have introduced major new programs and initiatives in our 1985 budget.

First, everybody has touched on the northern development fund, the ministry of mines, the cabinet committee on northern development, the regional development councils that will be in place in the next few weeks or months, and the Committee on Resource-Dependent Communities. More new programs will be introduced in the estimates for next year.

5:20 p.m.

Our government, as a whole, has introduced many programs that will benefit northern Ontario in the long run. Before introducing new programs, I intend to consult fully with northerners. That is my style and I think northerners prefer that. What I want from this council is a strategy for the north, not only an economic strategy, but a tourist and a social one. After that, we will start to work. We are not looking only at tomorrow; we have to build for the next 10 years. That is what I and my staff intend to do. We intend to work closely with this council, put this on the drawing board and try to come up with strategies my government can address with vigour.

The member for Kenora says I have less money in the budget and less clout in cabinet. If he believes that, that is his business. We will see in the next two or three years what people think about us. Maybe they say I am alone and I will not get anything. However, I would rather be alone and not have to fight with the other ministers.

There was always a fight between the east and the west, if the members recall. I was not here, but the newspapers in my riding said, "This minister is mad at the other one," etc. I do not know what happened. There was an inside fight for power in northern Ontario. By being alone, I do not have to fight. I do not fight myself. Maybe it is better that we try to work together, all parties, all the mayors and reeves, the chambers of commerce and the people of northern Ontario, to try to get what we are after.

Mr. Sterling: Is the minister winning the fight?

Hon. Mr. Fontaine: I am going to win because I do not have to fight.

They say the southern Ontario cabinet is not visiting the north. I wrote down the suggestion of the procedural affairs committee and I intend to use it as support to get ministers and deputies to the north. My cabinet colleagues have recognized the need to familiarize themselves with all parts of Ontario, including northern Ontario.

Since we last met on these estimates, we have had a full cabinet meeting, the first since the Ministry of Northern Affairs was established. There were 20 ministers along with the Premier (Mr. Peterson) in Timmins. There were four ministers of the cabinet committee on northern development in Thunder Bay. On both occasions, the ministers heard from a number of delegations from the area. Several ministers also visited Moosonee to get a first-hand appreciation of the situation there. The Minister of Housing (Mr. Curling) was there as well as the Minister of Citizenship and Culture (Ms. Munro).

Before the end of January, I am taking another three ministers to Englehart to listen to the area's concerns. All along, my government has stressed an open-door policy. From the Premier down, we are all easily accessible and have travelled to the people of northern Ontario to demonstrate this.

This is only the beginning of our new agenda aimed at serving the people of northern Ontario. I also intend to review the benefits of northern Ontario tours for members. In March, the Minister of Education (Mr. Conway), the Minister of Citizenship and Culture (Ms. Munro), the Chairman of Management Board (Ms. Caplan) and I will visit the northwest area and the remote reserves. In the same month, some ministers who are part of the northern committee will visit part of the Lake Nipigon riding. We will be in Geraldton and Manitouwadge.

There was a comment about the committee on resource-dependent communities. The member for Kenora said it was a good idea and an excellent committee, but that we would fail because the three-month period is too short. He suggested we make it a committee of the Legislature. This topic has been excessively studied and the time for government study has passed. On that I agree. Now is the time for a broadly representative northern committee to develop a made-in-northern-Ontario solution.

I want to remind my honourable friend not to worry about me. I will produce. I will not leave the reports of those committees full of dust in offices, as I saw with those reports we got on the cost of living and all that. I am serious about it.

The reason I went this route is that I do not want a battle in the committee. If the Liberals vote with the New Democratic Party and the Conservatives vote against it, look at what is going to happen. My friends all tell me the same thing.

That is the reason I chose this way. I want action within three months. During those three months this committee can identify the best ideas and make recommendations for government policies and programs. I want it to report to me, and that will probably be before the budget, to try to convince the Treasurer (Mr. Nixon). If the committee recommends that I need some more people to work full-time on this, it will have to recommend that there be the funds. In response to my friend the member for Algoma (Mr. Wildman), we will look into this and I will have to convince the Treasurer.

The committee chairman and most of the members are very happy to have a short deadline. They know that if they have good proposals, we will act quickly on them. That is my promise to members and to the committee. I have said that before and I repeat it in the House now.

If people say I will not act, it is because they do not know me yet. They should look at my background. Maybe I was not the best businessman, but in Hearst I was more than just a businessman, because they called me a socialist businessman. I was too close to the people, but I like what they call me over there.

Concerning medical travel assistance, in a small town one has to be close to everybody; one has to work with the poor, not just the rich. The 20,000 people in the Kenora area will not receive medical travel assistance because they are within 300 kilometres of Winnipeg and \$75 is taken out of the reimbursement.

First, please keep in mind that free emergency service will be provided on a 24-hour basis for all those who need it. The medical travel program is aimed at those who live a long way from necessary services. This program will provide very significant benefits to many northerners.

I was in my office this weekend and people came rushing in. They like this program. Other people may be saying they do not like it, but I did not receive those comments in my riding. I have three offices and one in Moosonee, which makes four. Those are not northern affairs offices; they are my own. I do not understand what the honourable member is talking about.

I recommend that the members bring hardship cases to the attention of the Minister of Health (Mr. Elston). When the member for Cochrane South (Mr. Pope) mentioned the \$75, the

Minister of Health said, "Nobody will be stuck." We are going to monitor that to see whether this is a problem. The Minister of Health indicated during the estimates debate that the government would consider changes to the program.

About the name of the ministry and why we did not put "native affairs" in it, first of all, we said it should be northern development and Indian affairs at the program session last year, and we put that in the program. After we arrived here, when we took over, we saw all the legal implications and everything. As members know, I am only a small lumberman from Hearst. They said they were going to give me mines, and maybe they thought native affairs would be too much for me.

I made a choice. I said, "Give it to the Attorney General," and they did. I think it is a good choice. There is a committee. All the ministers met again in the committee this morning for two hours, and some other ministry people met from eight o'clock to nine and we came from nine to 11. They met again at 12 o'clock.

As far as native affairs is concerned, I am sure it is in good hands, and my ministry will be there to defend the northern natives. I am speaking of those north of the French River. We did not do that because it was 50:50. That was not the intention. Because there were lots of legal problems, I felt I could not handle it.

5:30 p.m.

As members know, we are committed to treating native affairs and the native people as part of Ontario. I was told by many chiefs from both areas, from north of the 50th parallel, north of the French River, that they were told previously: "We cannot do anything for you. Go to Ottawa. You are Ottawa's problem." That is why the Premier made a promise to the natives in Moosonee last year that we are going to treat them as Ontarians. That is the commitment we are making today. That is what we said a few months ago to them and I am restating that in this House today; we are going to treat them as part of Ontario.

I also want to announce today that as of tomorrow I have hired Frank Beardy to be one of my executive assistants. We will have an office in Thunder Bay and that will be my office and his. I intend to go to Thunder Bay at least twice a month to be closer to the people of that region and the northwest. I want them to be sure they are part of Ontario.

When the ministry people were in the northwest, the northeast and the south too, they were far away from Toronto. For a long time we

thought everything was going northwest, but this time we will try to divide the province between the northwest and northeast so everybody will benefit from the government money.

I have been looking for another native from the east to put to work, too. I am waiting for the recommendation from the different associations to choose the right man. I asked the Nishnawbe-Aski nation to give me a name, and this name came up and I chose it.

Tomorrow I will start to review with him the areas that are very close to their hearts. First, I want them to explain to me what they really mean by self-government. From there, we are going to work together to establish one northern development council for the north. I am talking about the whole north and all natives. There will be two in the north for the natives, one in the northwest and one in the northeast.

The northern affairs officers will continue to deliver the same high level of service as in the past, retaining their information and program delivery role. Although some shift in responsibilities is anticipated to strengthen their role in community development, the NAOs who work will stay in place. Indeed, I have expanded the NAO system with a new office in Parry Sound and a new service in Nipigon. The member for Kenora said he was afraid we were going to leave that. We do not have 39; there are 30 or 31 or 32.

Mr. Bernier: What about Parry Sound? Why was it not announced?

Hon. Mr. Fontaine: Parry Sound was not announced because when I came to the ministry there was nothing for Parry Sound. I am the one who decided the office in Parry Sound would exist. There had been no action on it. I took action on it right away, the first week I was there.

Mr. Bernier: The minister is wrong.

Hon. Mr. Fontaine: Look at the figures. The member knows there was nothing for Parry Sound or Nipigon. Why did he not do it before he left? If it was that important, he should have done it seven years ago, but he waited.

Mr. Bernier: The minister got the wrong advice.

Hon. Mr. Fontaine: There was no office when I arrived in Parry Sound seven months ago. The guy who is going there is working right now in an office over there. That is not the wrong advice; that is the truth. There were no offices there. I had to go before the Management Board of Cabinet to get permission to open that office.

Gas pricing is at the Ministry of Energy's end. We heard about it today. He is supposed to file that some time before this session is prorogued.

Milk pricing and marketing is a battle I am fighting, as are all members from the north. I have written to my colleague the Minister of Agriculture and Food (Mr. Riddell) suggesting discussions with the Ontario Dairy Council and the Ontario Milk Marketing Board to seek appropriate solutions.

What scares me about this milk pricing is not only the marketing, but also the way it seems all those dairies are falling into the hands of a few. We are all afraid of monopolies and some dairies are part of large chains. They are using them as loss leaders, and that is hurting some areas. They are going farther from the north with dairies so the poor farmers have to pay freight from the place of origin to the dairies, and that creates this added cost. I am serious about it and I am going to discuss that with my friend the Minister of Agriculture and Food.

With respect to the Royal Commission on the Northern Environment, in my statement I mentioned some of the initiatives that have already been taken by this government to respond to the issues raised by Mr. Fahlgren. For example, there are the independent forest inventory audit and the new Ministry of Northern Development and Mines. A regional development council will be established and a \$100-million northern development fund. Appropriate line ministries are responding to specific recommendations. We are aware that several individuals and groups have views on the report. These will be carefully taken into consideration by this government as we move ahead to improve conditions throughout northern Ontario.

I took into consideration all that was said about this by the member for Algoma. We will be making a list of the way in which each line ministry is heading, and we will present that to him and to the member for Kenora.

Last weekend the Northwestern Ontario Associated Chambers of Commerce met to discuss the Falhgren report and I had some people from my ministry there. I will get a brief report from them about what the association thinks about the report. We are taking this very seriously. That is one of the reasons I hired native people to work for me. We want to know what they think about the report. Some of them do not want us to have a third tier of government. They do not want that at all. We will have to get their ideas as to what they want.

As to the need for new industry in Ear Falls, the ministry recognizes the needs of Ear Falls and is doing everything possible to help ease its adjustment to the mine closure and to find new

job opportunities. The capability and potential use of area forest resources are being investigated. Pulp and paper development at this point is not practical, but some development is being studied. However, because of the low demand and the current excess capacity, near-term development for this industry may not be viable at this point. The ministry will continue to assist the community in all possible ways.

In this area, I am speaking with a local entrepreneur who runs a sawmill in Hudson. We are going to try to help him establish a bigger land base. At this point, this could help Ear Falls a little. We know there is a surplus of lumber in this area and we will keep that in mind for future expansion of the sawmill.

With regard to the tourist seminar cancellation, the seminar was not cancelled, but merely deferred. The Ministry of Tourism and Recreation and my ministry are working closely to prepare for a series of effective tourism consultation seminars for northern Ontario which the Minister of Tourism and Recreation (Mr. Eakins) announced at the NOTO convention. MTR, the Ministry of Natural Resources and my ministry are working on co-ordinating northern Ontario tourism efforts. Tourism development will be a very high priority for the regional development councils.

5:40 p.m.

I am very enthusiastic about participating in a conference of northern ministers. The conference of northern ministers was postponed, not cancelled, because the change of government in Ontario happened so close to the previously scheduled conference in Minaki Lodge for September 1985. The location and timing of the next conference will be discussed with my fellow northern ministers.

Concerning the Assessment Act, the legislation and policies are currently under review by my colleague the member for Waterloo North (Mr. Epp). I am sure they are going to look into all the property tax reforms for the north.

Concerning the status of the information kiosks, as I mentioned in my estimates speech, much needs to be done to improve the service information centre system in the north to make it a more co-ordinated approach of the various components. We are placing even greater emphasis on the provision of tourist information facilities in the north, both staffed and unstaffed. They have proved to be effective in enticing tourists to stay longer in the north, spend more money and make return visits. The construction of unmanned kiosks will be assisted where

feasible, but staffed tourist information centres have proved more cost-effective in generating increased tourist revenues.

Concerning Northern Ontario Development Corp. loans to smaller resorts, NODC already has two programs for which smaller resorts are eligible: the tourism term loan program, which provides loans at a preferred interest rate of 10 per cent, and the tourism redevelopment incentive program, or TRIP, which provides interest subsidies and loan guarantees. However, the problem is recognized and our policies are under review. Part of this review will really be the need for making capital assistance available under the northern Ontario regional development program.

Concerning the extended tax rebate for tourists to Ontario, the intent of the rebate is to attract visitors to the province, and it is working. The higher cost of travelling outside Ontario is already a significant incentive for Ontarians to vacation at home. The government will remain sensitive to the impact on the tourism industry, and in particular tax measures.

Regarding the assistance committee for participation in Ontario North Now, there is some discussion about who would institute such a program. Some say my honourable friend the member for Kenora did not do it, and I will leave it to the experts to tell me who did it first. It appears from the number of municipalities attending on a return basis that such a system is not necessary, but I am prepared to look into it. We are talking about Sioux Lookout. When I was there the chamber of commerce came to see me. They were willing to travel to Toronto, so we will look into that. If that really is the case, then we will have to reassess our position.

My ministry helps municipalities in other ways through the provision of space and equipment. This year my ministry will be adding new audio-visual equipment to Ontario North Now and providing other equipment for the use of municipalities, additional brochures, racks for municipalities and improved signage, inside and out.

Concerning the status of the famous Dash-8, this government is committed to ensuring the provision of good-quality air service in northern Ontario. An intensive staff review of the employment of the Dash-8 is under way. Input will include the Stokes report and private sector operators. A sensible balance will be achieved between level of service, points served and the costs involved. I plan to discuss recommendations with cabinet colleagues in the near future.

The two Dash-8s will not be available for service until the fall 1986.

Mr. Mancini: How about those water bombers? When are they going to be ready?

Hon. Mr. Fontaine: I do not know. They are retrofitting one, and they are finding other faults with it. It is rumoured that there are cracks. The other one is apparently going to take more time than was anticipated.

Concerning passenger rail service, if Via Rail goes bankrupt, I do not know what we are going to do. Still, that was part of the deal. The government is committed to providing an adequate level of passenger rail service in northeastern Ontario. The bi-level purchase decision is on hold until the much larger Via deal with the Urban Transportation Development Corp. and Bombardier is concluded. It will be advantageous for UTDC to tag on to this large order. Some prices came out; they were expecting prices of \$2.5 million and they came out at \$3.7 million.

We are trying to get hold of Via, to find out which way it is going. Ontario Northland made a presentation to Via; my friend was there. We have not yet received an answer. Now we have heard about the price, but we do not know whether it is for our cars or their cars; we are asking for a different model, but this order is all in here right now.

A staff review is under way to ensure service improvements are cost-effective, and the government plans to consult with the public prior to any decision. I am going to do the same thing as I did with the Dash 8. I will have two commissioners and an independent chairman go around, because I think we have to look at other kinds of—

Mr. Bernier: Do not stall.

Hon. Mr. Fontaine: Stalling? That was the member's attitude for 42 years; that is his problem. I am not stalling. I am from the northeast and the member is from the northwest. I think that is why the member never did a thing in his life.

Mr. Bernier: Do something.

Hon. Mr. Fontaine: I will do something. I want the service that we want, not the one that is dictated by Via or by Piché. I have not seen Piché on a train in the past five years. The double decker is only a dream of his.

Mr. Bernier: Give us some answers.

Hon. Mr. Fontaine: The member will get them in due course, when it is time.

I am going to have a committee meeting with the people and see what kind of schedule they

want. There are two problems in the northeast. The train service and the schedule are problems; nobody has decided on a schedule yet. The committee will decide what schedule we are going to use. That will be forthcoming. This was asked by a committee in 1977 and was never answered. It was also asked in 1963 and never answered. The committee is left with what to do today.

Refurbishing of the single-level cars is on schedule. Maybe those are the ones we are going to use, instead of the bilevel ones.

Northern roads program: The 1986-87 northern roads program is in the process of being developed. The program will be announced early in the fiscal year, as it has been in the past.

There were some questions by my friend the member for Kenora about Nordev and what is happening with it. When I became minister, I found too little money had been put aside for Nordev. My first job was to find the dollars to keep it going while we decided what best served northern business needs. I did this and there now is ample money available for Nordev for the foreseeable future. I have asked for a review of Nordev and this is under way. I also intend to ask the regional development council for its views on Nordev and possible successor programs.

The member referred to keeping the same name. Perhaps by next week I will change all the names. Perhaps I will change Nordev and AgriNorth to something else. I will be as bad as the member if I keep the same names, so I will change them. The member did not follow me at all.

Mr. Bernier: Big promises and changing names.

5:50 p.m.

Hon. Mr. Fontaine: After what I listened to today about promises, I think the member should look at what his party did in the northeast and what it got, with all the promises in the last 15 years.

Mr. Reville: It did nothing.

Hon. Mr. Fontaine: The member is always referring to Kenora; he should tell us what is happening in Cochrane and Timmins. We suffered and we are still suffering. They tell me all the programs were going to the northwest; I do not know.

Mr. Bernier: The minister is trying to split the north.

Hon. Mr. Fontaine: I am listening.

Mr. Bernier: He is not going to succeed.

Hon. Mr. Fontaine: Why is there always a fight between the minister from Timmins and the last one from Kenora? There must be some reason for that. The reason is the northeast figured it was not getting its share. That is why we were fighting with him.

I have some figures from 1978, when Mr. Brunelle told me the same thing. I notice we got only 45 per cent in 1978.

Mr. Bernier: There is only one minister out there.

Hon. Mr. Fontaine: Assistance with agriculture: I wonder whether the previous government paid enough attention to that area. We are now working with the Minister of Agriculture and Food on the evaluation of AgriNorth to determine how we might help more effectively.

We also consult closely with the regional development councils on agricultural issues. We discussed the figure for this program with the farmers today in northern Ontario, and I admit they liked it. However, they may need another program because there will be a time when they have to stop tiling. There will be no more farm land to tile so we have to look at other programs for them.

I heard from my friend, the member for Timiskaming (Mr. Ramsay) that the farmers were left on their own. Policies were always dictated by the farmers in the south or the people making policies in Guelph, and they wanted to have a northern agricultural policy. We are going to work with the councils to have that.

On the wild rice issue, a management strategy is being developed by my ministry in co-operation with the Ministry of Natural Resources, the Ministry of Agriculture and Food and the office of native affairs policy. Discussions with native and non-native groups have been started to assist in developing this strategy. My ministry intends to pursue every possible means of developing wild rice as a viable industry.

I agree that the Drainage Act dealing with municipal drains and the Tile Drainage Act dealing with all farm subsurfaces should be reviewed to ensure appropriateness to northern needs and circumstances.

With respect to the need for a roving NAO to deal with native issues: I met here and in the north with my native groups. I was pleased with this meeting and I believe the natives are, too. As I said, I have appointed Frank Beardy, deputy chief of Muskrat Dam, as my special assistant with an office here and in Thunder Bay to help me and my minister on native issues.

I see that my friend is afraid the development councils will not have clout but they will. They will be a key sounding board for developing strategy and programs in the north. I will be asking them for ideas on a range of issues from tourism to agriculture. Their recommendations will be closely considered by me and the cabinet committee on northern development.

With respect to the assistant deputy minister's move from Kenora to Thunder Bay, it is being made to serve the people of northwestern Ontario better. Thunder Bay is at the centre of the region and access to all points is good. Access to Toronto is important for the ADM, as an important part of my executive team providing a northern view in policy and program development. I am sure the region, including Kenora, will be well served.

The ADM's work will be more effective this way. I am prepared to be judged in the future on the wisdom of this move. I must again point out that the Kenora office will be strengthened by the addition of the regional director of mines.

On the \$100 tax credit, this was one way we proposed to deal with the cost of living of people working in the north. I will be reviewing this and other measures in the future together with my colleagues in cabinet.

Concerning the housing needs survey, when I asked my northern affairs offices to do this housing survey for the ministry, I did not do it with any intention of undermining the Minister of Housing. I was doing it just to be sure that northern Ontario's needs would be met and so that I could fight in cabinet for the right housing for northern Ontario.

As members recall, my friend the member for Fort William (Mr. Hennessy) asked me on Friday why northern Ontario housing was always left at the bottom of the list going back to the home ownership made easy plan and all the other programs. I want to remind members that there has not been a provincial program on housing since the HOME program. The rest was added on by the feds. When we came as northerners, we were always left at the bottom of the list.

Now I am going to try to fight to get our full share of housing. If the population of northern Ontario represents 14.4 per cent of the total population, we should get the exact percentage that we need. We have two problems in housing in the north: that of senior citizens and with rent-geared-to-income housing. We will try to work our way with rent geared to income to 50 per cent of the project. As we go along in the north, we are encouraging all municipalities to

get organized in nonprofit operations, because the only way we will get our fair share of housing is if we are prepared in advance. The next thing is that they will all be built under this kind of corporation.

At the same time, the NAOs are the listening posts in the north. We did that for insurance and we are doing it for housing, too.

Concerning the Toyota plant, I would like to remind my honourable friend that what I said in the north was that if we are going to grow, if we are going to make a change soon, we need the Toyota plant. I said this in Sault Ste. Marie, and everyone wrote the Toyota people to get the Toyota plant all over the north. If we are going to get such a plant, we will have to do it in one area at a time and concentrate on this area. We could look at Parry Sound or Sault Ste. Marie to start with.

When we see what the Toyota people ask for as criteria to build a plant, we know it will not come to the north tomorrow morning. We are about 35 years too late. If the previous government had started to push the manufacture in the north not only of the cars but also of parts, it would have been all right.

Mr. Chairman: Perhaps Mr. Fontaine will end his remarks and move that the committee rise and report.

Interjection.

Hon. Mr. Fontaine: Why did the member not say anything about the Ford plant before, in 1952?

On motion by Hon. Mr. Fontaine, the committee of supply reported progress.

ROYAL ASSENT

The Deputy Speaker: I beg to inform the House that in the name of Her Majesty the Queen, the Honourable the Lieutenant Governor has been pleased to assent to certain bills in his chambers.

Clerk of the House: The following are the titles of the bills to which His Honour has assented:

Bill 11, An Act to revise the Change of Name Act;

Bill 12, An Act to amend the Children's Law Reform Act;

Bill 13, An Act to amend the Vital Statistics Act;

Bill Pr4, An Act respecting the City of Hamilton;

Bill Pr17, An Act respecting Children's Oncology Care of Ontario Inc.;

Bill Pr26, An Act respecting the city of Mississauga. The House recessed at 6 p.m.

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Monday, January 20, 1986

Evening Sitting

Speaker: Honourable H. A. Edighoffer

Clerk of the House: R. G. Lewis, QC



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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday, January 20, 1986

The House resumed at 8 p.m.

HEALTH CARE ACCESSIBILITY ACT (continued)

Resuming the adjourned debate on the motion for second reading of Bill 94, An Act regulating the Amounts that Persons may Charge for rendering Services that are Insured Services under the Health Insurance Act.

Mr. Bernier: I am most pleased to rise in my place and complete the remarks that I started on this bill Friday last. I did not have the opportunity to complete those remarks then, but I am pleased to be able to do so tonight.

I was well into my remarks and I was pointing out that there really is not the accessibility that is promised. The introduction of this legislation, the Health Care Accessibility Act, in my opinion threatens to decrease that level of accessibility which we all worked to attain. In my mind, this is because the Liberal-New Democrat accord has failed to realize some very basic facts.

Mr. Callahan: There are only seven people behind him.

Mr. Bernier: I think I see a quorum here.

Mr. Callahan: There are only seven on the Tory side.

Mr. Bernier: They will all be here to vote against this bill when the time comes. The member had better worry about the New Democrats. He is going to need them to get this bill through.

Interjections.

Mr. Speaker: Order. The member for Kenora (Mr. Bernier) said he had a few more remarks. Please let him make them.

Mr. Bernier: Sorry, Mr. Speaker. Before I was so rudely interrupted, I was pointing out that the Liberal-New Democrats have failed to realize, as have so many other people, that government is in the health care business to stay and they have failed to realize that doctors are also in the health care system to stay.

Prior to the Liberal-NDP ascent to power, a mood of co-operation existed between the government of Ontario and the medical profession. However, since this coalition took over, it

has become obvious that this government has deliberately chosen the route of confrontation.

I believe they have been listening too closely to their former Liberal advisers from Ottawa, who as we all know perfected confrontation until the September 1984 federal election. As a colleague of mine has pointed out, the people of Ontario are too sophisticated for Trudeau-style confrontational politics.

None the less, in the past, when differences arose, the Progressive Conservative government always worked to address and resolve the outstanding problems to everyone's benefit. We looked for the win situation. Unfortunately, the only thing this government is looking for is a fight.

By way of example, let me point out that as of January 9, 1986, there was not a single opted-out physician in the city of Timmins. By the following evening, at least 42 of the 50 doctors in the Porcupine area had opted out of the Ontario health insurance plan system. That is an attack on accessibility and nothing less. There is no one to blame other than the present government.

The Premier (Mr. Peterson) pointed a cannon at the collective head of Ontario doctors and said, "Let us negotiate." The present government appears to have forgotten that doctors are people just like everyone else and deserve to be treated as such. Who among us, when threatened, would meekly submit without returning a blow?

We are all about to pay for the insensitivity and political incompetence of this government and the sacrificial lamb is to be our health care system.

We have all heard the argument that in all probability only a small percentage of our medical profession will leave the province as a result of this legislation. People point to the Quebec experience, where approximately 300 doctors decided to take their practices elsewhere, a significant number, some people might say. Most of the 268 doctors who came to Ontario at that time were specialists.

I agree the loss of a couple of hundred doctors in southern Ontario would not pose a real hardship for the citizens. However, the loss of just one doctor in many communities in northern Ontario would jeopardize the health and wellbe-

ing of the community's residents. For a number of communities, there is only one doctor.

How the government can suggest this legislation would increase accessibility is beyond my understanding. Had the present government acted responsibly and entered into discussions with the medical community in good faith instead of governing by decree or, dare I say, by accord, the problems now surfacing could have been avoided. The fact remains they failed to do so and we, especially those of us in the north, are left to pay the price.

Given my concerns regarding the need to take positive and constructive steps to enhance access to health care, especially in northern Ontario, and the need to continue to build upon the solid foundation of health care that the present government inherited, I am afraid I cannot support this legislation. The development and the introduction of this bill have been mishandled and mismanaged from the beginning. This confrontational approach has proved to be and will continue to be more detrimental to the maintenance of our health care system than the legislation itself.

The penalty of \$10,000 for extra billing is obscene. Doctors are not criminals, but this government is determined to make them into criminals. With this bill, the public has no choice, the patient has no choice and the doctor has no choice. The government wants to deprofessionalize doctors, to make them state employees.

We saw the health care system crumble when Britain made doctors state workers. Unions in Britain today are insisting that private care be part of their new contracts. The public system is just not good enough. Throughout Europe, where socialized medicine is the rule, strikes and under-the-table cash payments are commonplace.

In conclusion, I want to go back a few years. Some members may remember when the Attorney General in 1966 came into this Legislature and introduced a piece of legislation known as Bill 99. It gave sweeping powers to the police of this province. It gave them the right to search without a search warrant. There was a storm that blew. It started that very day.

The member from just east of here, the former Attorney General of this province who became the Solicitor General in the Clark government, the Honourable Allan Lawrence, took up the cause within our caucus. The opposition reared on to its hind legs and brought to the attention of this Legislature just how bad a piece of

legislation it was. Attorney General Fred Cass recognized it was a bad piece of legislation and he said so publicly. The Premier of the day, the Honourable John Robarts, reflected on that legislation over a weekend and, for those of us who were here on that Monday afternoon when he returned, there was chaos in this Legislature because of Bill 99.

The Premier of the day did the right thing. After hearing the members of the opposition speak, he stood up and withdrew section 14 of Bill 99. He went on to say: "I personally would not tolerate any legislation which infringes upon or jeopardizes the basic, fundamental, personal rights and freedoms of the individuals of this province."

8:10 p.m.

The Premier of the day had the guts, the courage and backbone—and behind it was the protection of the freedoms of the individuals of this province—to withdraw that section. He withdrew the section and, we will all remember quite vividly, later that day he accepted the resignation of the Attorney General, the Honourable Fred Cass, who tendered his resignation because he had brought in such a terrible piece of legislation.

As to the legislation we are bringing in today, I am appealing to the Premier of this province to stand in his place, to reflect and to join with us in saying to the people of Ontario that this is bad legislation and should be withdrawn. He should withdraw the legislation immediately and the Minister of Health (Mr. Elston) will then do the right thing and tender his resignation.

I conclude my remarks by pointing out again that I cannot lend my support to this legislation.

Ms. Bryden: I welcome this bill and I am very pleased to participate in the debate on it because I think it is one of the most important bills that has come before this Legislature.

The bill is, in effect, putting the Ontario health insurance plan back on the rails after the former Progressive Conservative government, by permitting extra billing, let doctors erode accessibility, which is an integral part of our national medicare scheme. The 1966 federal bill that wrote the basic criteria for medicare in Canada included the term "reasonable access without financial barriers."

Another reason I am proud to speak on this bill is that the New Democratic Party can claim to be the innovators of universal publicly operated medicare in Canada. The first public hospital insurance plan was established in Saskatchewan in 1947. I was a civil servant in Saskatchewan at

that time and shared in the work of organizing the information meetings around the province that preceded the introduction of the bill, an indication that we believed in consultation at that time as well. In 1962, Saskatchewan pioneered again in introducing the first provincial medicare plan.

The concept of medicare that was embodied in those bills was a sharing of risk, a protection against crippling hospital and medical bills. The criteria included universal coverage; a public, nonprofit comprehensive plan; portability and one-price medicare. These principles were written into the federal legislation when the federal government came in on a cost-sharing basis in 1966.

In Ontario, the NDP at its 1970 convention opposed extra billing; the Progressive Conservatives allowed it to grow and to continue to expand until very recently, so that it now has reached as high as 20 per cent of the bills. In addition, the Progressive Conservatives allowed the provincial taxpayers to lose more than \$50 million a year from federal grants since the Canada Health Act, which was passed in April 1984, disallowed extra billing or required a penalty if a province allowed extra billing. In effect, it also allowed the sick to pay an equivalent \$50 million more to the doctors in extra bills. It also allowed Ontario residents to pay the highest medicare premiums in Canada: almost \$60 a month. The residents of Ontario expect full medicare for those fees, \$714 per family per year.

The present leader of the Progressive Conservative opposition, the member for St. Andrew-St. Patrick (Mr. Grossman), said extra billing was not a problem; he said only the wealthy paid. That was in 1983.

The Liberals are late converts to the principle that there should be no extra billing. In a radio interview in 1983, the member for London Centre (Mr. Peterson), now the Premier, said, "We have not come out against extra billing at the present time." But in September 1984, he saw that extra billing was causing hardship and that a majority of the population was very much opposed to it, so he changed his position. I congratulate him on changing his position and admitting it was a change of position.

As a result of both the New Democrats and the Liberals opposing extra billing during the election campaign, the abolition of extra billing became part of the accord signed by the NDP and the Liberals before the change of government. In effect, it facilitated the change of government.

I am very glad the Liberals have implemented that part of the accord and that we have this bill

before us. Canada's medicare program is far ahead of the partial medicare programs in the United States. According to an article in the *Toronto Star* of January 16, American residents pay 10.4 per cent of their gross national product for health care but only a small percentage are covered by publicly assisted medicare. Only the aged and the disabled are covered by public programs there.

I am shocked by the actions proposed by the Ontario Medical Association to oppose this bill. These proposals at its weekend meeting amount to petty harassment of the sick in order to make the point that they think the bill should be stopped. We might call this taxation without representation. In Timmins, they are planning to charge an extra dollar for the hospital fund. In other places, according to the press reports, they are going to charge 25 cents on bills or they are going to charge for authorizing the refilling of prescriptions over the phone or for signing documents—all kinds of petty harassment.

I think the public should refuse to pay these charges until it is established whether or not they are allowed under the Ontario health insurance plan regulations. If they are allowed under the present regulations, they should be prohibited under the new act. In effect, they are nickel-and-diming extra billing.

The doctors assert they have a right to set their fees unilaterally, that other professions do this and why should they not do it as well. The article of January 16 in the *Toronto Star* made a very good point. In the field of health care there is not a free market. Health care is not a commodity we can shop for to find out where we can get the best deal.

The article quotes from Dr. Arnold Relman, editor of the *New England Journal of Medicine* and a professor of medicine at Harvard Medical School. He says, "A free market won't work in health care because a free market assumes the consumer is able to discipline the suppliers by making discriminating judgements on what he needs. But the consumer in health care has to depend on the system, on the supplier, which in health care is the doctor, for information on what he needs."

8:20 p.m.

So the argument that they have the right to charge what they like in a free market does not apply to medicare. They should also recognize that they have a monopolistic position created by the state. Hospitals and the services in those hospitals are provided to them by the state. Their education is subsidized by the state. As a result,

they have an obligation to the residents to supply the kind of medical services the residents decide they want through the legislative process. However, the doctors are saying: "This is a law we do not like and we will oppose it. We will even"—presumably, according to the newspaper report—"engage in civil disobedience because we think it is a bad law."

Civil disobedience is something that should be considered very carefully by a citizen in any situation. Generally, it is justified only if one can state that legislation is arbitrary and is passed without due process or without sufficient debate. We are having considerable debate in this House on this bill. Citizens may perhaps engage in civil disobedience if they think legislation denies natural justice. However, we have had medicare for the last 25 years and nobody seems to have really suffered a loss of natural justice. There have been no cases in the courts on that basis.

The other argument the Ontario Medical Association is putting up is that its views should prevail over the wishes of 83 per cent of the population, who told a Gallup poll in 1984 that they opposed extra billing. What it boils down to is that the OMA is putting forth the question that was put forth in 1962 in Saskatchewan by the then Premier, Woodrow Lloyd, who said the issue is "whether the people of Saskatchewan shall be governed by a democratically elected Legislature or a small, highly organized group." That is the crux of this debate.

I do not oppose increases on a regular basis for the medical profession. However, they should be arrived at not by the blackmail method of saying, "We have decided that you shall pay so much," but through negotiations with the representatives of the government, who have been entrusted with operating the scheme in the interests of all the people of the province. Suitable arrangements can be worked out for increases that take into account increases in costs. This has been done over the years in most provinces and in other jurisdictions that have medicare.

We can also make more money available for good health care if we improve the efficiency of the delivery of health care. This means we do not rely entirely on the fee-for-service basis but develop community-based clinics and centres where health care can be delivered by teams of doctors, perhaps by teams working on salary or a combination of doctors working on salary and doctors working on a fee-for-service basis. We should be looking at these methods of improving the efficiency of health care instead of looking

solely at whether doctors should be allowed to charge what they please in the situation.

Basically, we cannot afford a two-price system for medicare, because it means discrimination in the delivery of services. It means those who are willing to pay the higher fees that doctors may wish to bill them will get preferred service, preferred time and preferred entry to hospitals. There will not just be a two-price system of medicare, but there will be a two-class system. This is what the original system was intended to end. There should be equal service and equal access to service.

I am very proud the New Democratic Party and Liberal accord made this issue a priority for the first session of the Legislature after the change of government. I hope that after sufficient and due debate, it will be passed and put into effect as soon as possible and that we will restore accessibility to our medicare system by this legislation.

Mr. Lane: I appreciate the opportunity to say a few words on this bill. When the minister introduced Bill 94 in this House on December 19, 1985, the gist of his remarks was that people were being denied access to medical care because of extra billing.

To suggest that extra billing presents a serious threat to our public health care system in this province is a gross distortion of reality. The fact is that only 12 per cent of some 17,000 doctors in Ontario extra bill, which means 88 per cent do not.

How can this government pretend to have a conscience when in one arbitrary blow it singles out our doctors and holds them to blame for all the current problems of access in the system? Is not the problem with access to the facilities rather than access to doctors and the fact that demand for health care is growing much faster than current resources can accommodate? Why have the doctors, who of all professionals we depend on the most and expect the most from, been singled out for this abuse?

Is it not true that they are easy scapegoats for the real problems and challenges that face us in maintaining and enhancing the health care system in this province to meet the demands of the future, the burden of which is already upon us? Is not the government's real motive to net the \$50 million per year the federal government has been withholding because of extra billing?

It seems to me we should be looking at the real issues and, in an honest spirit of co-operation that includes our doctors, work out a solution together that is in the best interests of everyone,

especially the citizens of this province who need and depend on the best possible care, and more, that our physicians can provide.

When we discourage and punish our doctors, it is the patients who really suffer in the long run, because in addition to his or her knowledge and skill, it is the doctor's ability and time to care that fulfils a powerful part of the coping, treatment and healing process.

Also, what about fairness? Surely what is fair for dentists, lawyers, engineers, teachers and other professionals and business people is fair for doctors also. They should be able to charge for their services according to their individual levels of skill and experience.

Our future in health care depends on pushing past all these obstacles to pioneer new knowledge and treatments. Surely such commitment to respond to and overcome challenge, and to the pursuit of excellence should have rewards beyond just the mental and emotional satisfaction of problem-solving and a job well done.

Who would get inspired by across-the-board fees set by the state? Surely the last thing we want in Ontario is an assembly-line style of medicine, when a doctor's main incentive becomes how many people he can process in a certain number of hours. Examples of what has happened to the quality of health care in other countries such as Britain show the sad results of submitting to that style of medicine. That would be the beginning of the end of our own high standards previously set in place.

Who in a free society wants or will accept being dictated to? Certainly I do not and I cannot imagine any doctor worth his or her salt would either. The atmosphere of freedom of personal choice is a fertile and productive one. However, doing one's job in an atmosphere of no options is deadly. Incentive withers on the vine. If a person is smart, he or she will leave and go to another environment that makes him happy in his work. What is more, in the process of preparing Bill 94, the current government made it clear from the start that the subject of extra billing itself was never up for negotiation or discussion; the discussion was on how to proceed to ban it.

8:30 p.m.

My main concern in these remarks today is that we do not mortgage the quality of the future health care system in this province for short-term, poorly thought-out, superficial gains. The people of this province enjoy the best health care system in the world. Why try to fix something that is not broken? We should be moving

forward, building on our achievements towards the 21st century instead.

It is my guess that if Bill 94 is passed as currently written, untold havoc will have been created, with the result that we will no longer have the best health care system in the world. Our doctors will have been insulted to the point of having lost their professional freedom, and many will see no point in continuing to have a personal interest in their patients. They will see their work as treating a disease, not a person, so the patient will suffer greatly.

When all is said and done, the health care system in this province will cost more and produce less. It seems to me the best minds in Ontario can work together to do much better than that.

Mr. Philip: I want to start speaking about this in a very personal way. I want to talk about a constituent in my riding. She is a young widow who is taking care of her retarded, adult son. She confided in me last year that she did not have the money to pay for repairing her furnace.

She is a personal friend of my wife's and myself. When I started to question her, she admitted she had spent more than \$2,000 in medical fees to several doctors that year for a series of operations on her son's eyes and other problems he had had. When I asked her why she had not come to me and told her she and I together could have gone to each of those doctors, she said, "I do not want to ask for welfare."

That is the issue. This woman, who fought so hard to keep her son out of an institution, who personally took care of him and is doing so now, did not want to suffer the indignity of begging for what she considered welfare.

I can tell another story that is very personal to me because it concerns my brother. He was born in a hospital in 1944. During the war years, he unfortunately underwent what perhaps might now be seen as medical malpractice or certainly malpractice by that hospital. In any case, his oesophagus was shrivelled up by giving him some overheated milk that not only burnt his mouth but also his oesophagus. It shrivelled it up.

My father had been a successful businessman during the 1930s, but unfortunately, like so many successful businessmen, he had the same problem those years brought others. By the time my brother was born—indeed by the time I was born—he was operating a very small business and working long hours to make ends meet.

I can recall he had spent some \$3,000 at that time in hospital and doctors' fees. A social worker at the hospital, or some other authority figure, said to him: "You are just a working man. I can see that by your clothes. Is there not something I can do? Why are you paying all this? Other people are buying homes while you are paying out large amounts in medical bills." He said: "I will not take charity. I made my way through the 1930s. I was not on the dole. I will not take charity."

It is fine for other members and me to say that those who are in need can go into institutions and plead they do not have the money. It is fine for us in our \$200 suits and with our fairly reasonable wages to say, "If I were in those peoples' shoes I would plead for my family." However, to many people, particularly those brought up through the 1930s, this is a major admission of failure. It is something that is deep within them and it is very difficult to do.

What is at the bottom of this is not the specific amount the doctors are overbilling. What is at the bottom of this bill is that it gives those people back their dignity so they no longer have to go and plead, bargain and bare their financial souls to a doctor who really has no business examining their wallets.

I am proud my party and its predecessor, the Co-operative Commonwealth Federation, have pioneered progressive medical care programs in this country. When I go to the United States with various parliamentary delegations and talk to some of the US congressmen and senators, they talk about Saskatchewan and the medicare program developed in Canada.

In 1960, when the Saskatchewan CCF promised to introduce a province-wide medicare program, the very same arguments were made against that program by the medical association, by the Liberal official opposition and by the chamber of commerce that the Conservative Party is making here today and has been making against this bill.

I have vivid memories of the battle. I was only a freshman in college at the time. I can recall the great threats that were reported in the media and the strike that followed. Invariably, the Liberals, who were in opposition, blamed the CCF government for deteriorating medical care in the province. "Our doctors will leave," they said. The doctors have not left.

The essence of that legislation was brought out by Tommy Douglas, Premier of Saskatchewan at the time. In a speech he gave, he said, "This means imposing a means test that you are asking

for." The opposition Liberals were asking at the time that there be only partial coverage.

"This means imposing a means test. This means probing into people's affairs, and this is a pretty serious thing to do.

"The time has surely passed when people should have to depend on proving need in order to get services that should be an inalienable right to every citizen of a good society.

"It is very well for some people to say that there is no stigma or humiliation connected with having to prove need. This has always been said of people who know that they are in no danger of ever having to prove their need.

"I am very glad that the committee recommended and the government decided that there will be no such stigma and that there will be no means test."

We are essentially dealing with the same issue today—the dignity of the patient. Douglas went on to say:

"This government believes that health is too important to be left to the chance that the average family will have the necessary money to buy health services.

"I believe that if we put this health plan into operation, it will have the same history as the hospital insurance plan, and I am convinced that inside of two or three years both the doctors who provide the service and the people who receive the service will be so completely satisfied that no government will dare to take it away."

8:40 p.m.

He proved prophetic in saying that the doctors would learn to live with it. To give members some idea of exactly how tense situations were at that time, I refer members to an interesting article that was contained in Weekend Magazine of July 15, 1978, about a doctor who, because of his sense of professionalism, opposed the doctors' strike in Saskatchewan and opposed the kind of rhetoric that the opposition, the chamber of commerce, the insurance companies and the medical association made. This was the kind of abuse he suffered at that time:

"Looking back, his wife Mildred can see the funny side of the war, the absurdity of adult doctors flinging signs at each other over the heads of their patients, but Hjertaas"—and that is the doctor's name—"still goes visibly upset when he talks about the long hot summer of 1962. It was a hectic and soul-searching experience. The boys"—talking about his partners—"were not speaking to me except to scream at me. People were offering to beat me up but it was hardest on the family. The kids were attacked at school and

called communists. Every town had huge, keep-our-doctors committees whipping up the emotions of the people, organizations organizing cavalcades to Regina. Lawyers, bankers, shopkeepers all belonged. Their kids took it out on our kids and the damned telephone never stopped ringing with threatening calls."

If one went back to Prince Albert where this doctor had the harassment, even three years later, one would see that was forgotten. The doctors have given up that kind of fight. Those who were opposed and those who, for professional reasons, felt they wanted to go along with the government are part of the community and are delivering the same service.

The position of the Ontario Conservative Party and of the Ontario Medical Association is that those individuals who can afford to pay the extra bills should pay, and if they cannot afford to pay, the solution is to go to the doctor and bare their financial woes. In the New Democratic Party, we believe the professional relationship of a doctor and patient should not be interfered with and should not be in a banker-like capacity.

The arguments being made that by allowing the extra billing we are somehow improving medical care in this province is the most absurd argument I have ever heard. Fifty million dollars a year is being lost in federal subsidies because the previous Conservative government refused to have the guts to bring in this kind of legislation. Fifty million dollars is being paid in extra billing, \$100 million taken from the taxpayers of Ontario that could have been spent in other ways to improve the medical care system.

The issue of the service of the hospital beds that I talked about last week and our concern with the lineups at the Etobicoke General Hospital and the number of people occupying active treatment beds when they should be in other institutions or assisted in other ways is not going to be removed by allowing doctors to charge extra. That argument is absolutely absurd.

In Ontario, we find many hospitals and many cities where 100 per cent of the anaesthetists are opted out. Mr. Speaker, if you were a working person, a senior citizen and you had an accident, would you lie on that stretcher and negotiate with the anaesthetist about whether he was opted in or whether he was going to extra bill?

I suggest there is no freedom. If one wants to go to a certain hospital in certain cities in the province to have an operation, there is no alternative but to deal with the anaesthetist who is extra billing. Thirty-six per cent of the ophthal-

mologists are opted out, 28 per cent of the gynaecologists and 25 per cent of the urologists.

The agreement signed by OHIP and the OMA with the former Minister of Health provided for an average take-home salary of \$120,000 per year for doctors. I do not think they are terribly underpaid. To argue that to be more professional they deserve to charge on top of that is a most absurd situation.

My wife is a teacher in a college. If she and her colleagues negotiate a salary, a fee with the government, as indeed they do, they do not then have the right to say, "I am a superior teacher and therefore every student who comes into my room must pay an extra \$2 a day to hear my lectures and participate in my classes." No other profession that negotiates with the government like that has that right. To argue that somehow the doctors should have that special treatment is absolute nonsense.

The Ontario Medical Association and the Conservatives argue that somehow we have to have free-enterprise medicine, and that it makes it better. Where is the free enterprise when the taxpayers pay the universities to train the doctors? Where is the free enterprise when those doctors, as well they should, come before members of the Legislature and say: "Our hospital beds are overcrowded. We need extra facilities to carry on our professional practice." Where is the free enterprise that builds those hospitals? Where is the free enterprise that collects their fees?

We can talk about free enterprise, but we do not have a free-enterprise system. Indeed, the doctors themselves would not want to operate in that kind of free-enterprise environment. They seem to want free enterprise only when it comes to their personal pocketbooks.

The argument is similarly made that somehow there is no system of rewarding doctors who are more competent and creative and expert, other than by allowing them to extra bill. By the Conservative's own admission, 88 per cent of the doctors do not extra bill. If we believe the argument that extra billing allows for the rewarding of more competent and expert doctors, then I suppose it means that the 88 per cent who do not extra bill must be less competent, less worthy of some kind of reward and less professional than those who extra bill.

Anyone who knows anything about the medical profession and who has worked with doctors in a professional capacity knows this is simply nonsense. One of the best authorities in plastic surgery in this province, indeed in the world, is

an opted-in, no-extra-billing, doctor. She considers it would be unprofessional to extra bill. She is the president of the professional association.

To suggest there is no other way of rewarding competence, of rewarding extra studies and so forth, shows a certain lack of creativity by those who advocate that point of view. The minister himself went to the Ontario Medical Association with a series of proposals and said, "Let us look at ways we might be able to build into the fee system some reward for extra studies, extra professional progress and so forth." To my knowledge, the OMA refused to deal with that.

If we look at any of the other professions, there are ways of building in motivation and extra professionalism. It does not have to do necessarily with salary. If we look at any of the motivational studies and at the psychologists who deal in motivation, one finds that money is not always—in fact, if one looks at Maslow's hierarchy of needs, it is not a prime motivating factor once one reaches a certain level of psychological needs.

To argue that somehow a doctor who is allowed to extra bill and who extra bills is more competent and more dedicated than those who do not makes absolutely no sense because there is no research to prove it. On the contrary, if one looks at key management studies that have been done in the United States, Canada and Britain, there is every evidence to the contrary that would negate it.

8:50 p.m.

I find interesting a letter written to Orland French of the Globe and Mail by a doctor.

"The issue of accessibility is nonsense. As far as our practice goes, I can assure you that any patient who has any financial difficulty with our fees is charged only the OHIP fee." Doctors who have long argued for their role as professionals want to detract from that by also playing bankers. I find that absurd. I find that completely unprofessional.

As someone who has worked and run seminars and professional workshops with people in various helping fields, when we get people from all disciplines together and ask, "What is it to be a professional?" on no occasion has any of them mentioned money. They mention dedication, self-motivation, the ability to make decisions, but they do not mention financial decisions. They mention the relationship between the client or clients, in the case of groups with which they may be working, and themselves.

We are faced with this bill, which says to the senior citizens at West Acres, Robert J. Smith Apartments, and Highway Terraces in my riding: "You are not going to have to go to your doctor and say, 'I am on the guaranteed annual income system. I do not have a lot of money. I cannot afford to pay the extra amount.'"

This bill says to those seniors: "You have worked hard all your life. You deserve some dignity. You will go to the doctor when you see fit, when you and the doctor decide it is appropriate, and the question of money will not enter into the interpersonal relationship that comes from being a professional and working with a professional." That is the issue. It is one of dignity.

Some of the seniors in my riding might be able to go without the luxury of some extra ice cream on the weekend or a bottle of wine with a meal once every second week to pay that extra fee to the doctor, but why should they? Why should a professional who is earning at the height of the financial ladder of any of the professions expect that? Why should the people who have worked hard to put these people through school have to do that? That is the issue.

I am sorry the Conservative members of this Legislature are no more enlightened today than the official opposition was in Saskatchewan when it made the same arguments.

Mr. Jackson:: If they don't drink the wine, they don't need the doctor.

Mr. Philip: That is the kind of triviality and stupidity one would expect from one of the Conservative members: "If they do not drink, they do not have to go to the doctor." I happen to think some of the seniors in my riding have a right to a drink if they so choose. A few luxuries in life are their right. I am sorry the members are so insensitive to those simple pleasures they may have that, in their \$300 suits, they do not want to consider that may be important to them.

Mr. Jackson:: The member said before they were \$200 suits.

Mr. Philip: In their \$200 suits, then.

Mr. Eves: Nobody is talking about taking anything away from them.

Mr. Philip: The member is talking about taking away their dignity. That is what the issue is all about. The issue is dignity, the dignity of that widow I talked about earlier who did not want to go to her doctor and plead she did not have the money and therefore she paid the extra \$2,000. The issue is the same dignity my father had in 1944 when he paid all those medical bills even though he could not afford it. The issue is

the senior in my riding who said, "I know if I write to the doctor he will forgive me, but then I will be embarrassed when I go back to see him again and I will probably want to choose another doctor." That is what this issue is all about.

I ask that we deal with it. I ask that we pass this. I am proud to support this legislation. My constituents support this legislation, and in a few years we will see that what this bill provides will be taken for granted in the same way as the innovations introduced by T. C. Douglas and his government are now taken for granted and accepted in Saskatchewan.

Mr. Barlow: It is really with somewhat dubious honour that I rise to speak on this bill with regard to the banning of extra billing in our health care system—

Mr. Haggerty: The member should tell us how he is going to vote.

Mr. Barlow: I will get to that; I am just starting. Let me get warmed up here.

—because it would appear that the public is generally in favour of not allowing doctors to bill beyond the regular Ontario health insurance plan fees.

Most people are very interested in any legislation that would affect their own personal pocketbooks, and certainly extra billing by some doctors—and I emphasize "some doctors"; the figures have been used several times before, and I am going to reiterate them—does hit the pocketbooks of some of the people of this province.

However, as we have heard time and time again—and will be hearing again, I am sure, before this debate concludes—only about 12 per cent of the doctors in the province are opted out of OHIP, and of that number I understand fewer than 50 per cent actually charge more than the OHIP fees.

I would like to remind the members on the opposite side—and their little red rump to the left of us here—that while they are sitting around congratulating each other for responding to what they believe is a public perception of doctors being unnecessarily rich and comfortable, many people are inclined to jump on a bandwagon for a short-term gain, which this legislation appears to have, without really analysing the long-term losses or the long-term pain.

The short-term gain in this instance will undoubtedly be that one will be able to go to the doctor of one's choice without having to pay any additional fees and one will not have to answer questions about whether one can afford medical attention if and when one decides to seek it.

The long-term pain, I am afraid, will be that all taxpayers will ultimately have to pay the price for the additional fees that doctors will undoubtedly try to negotiate in their new contracts with OHIP. They are going to have to negotiate and the bill allows for this negotiation. They are going to have to receive the extra funds that will be required to compensate the doctors who are older and have more years of experience, and that is going to fall on the heads of all taxpayers, rich or poor. We are all going to have to kick in to help that system along.

There will be even harder pain to bear if the government proceeds with the legislation currently before this assembly, in that it could send many of our specialists to other jurisdictions where they can determine their own destiny and where their right to govern themselves as a profession is respected. I am referring particularly to those who wish to head south of the border. We have heard stories of many doctors who have already gone to the United States, where they can practise and can charge what they feel their services are worth and where they are not dictated to by the government of the day.

9 p.m.

Who will replace these specialists if this should happen, if there is an exodus due to the imposition of this legislation? Who will be willing to dedicate the many hours of effort to becoming world-class in his chosen field only to be told by a government that he cannot charge what he feels is a fair fee in exchange for his expertise and his services?

Medicare was established in Ontario 18 years ago. At that time, the doctors of this province agreed to the plan because they were assured they could retain the right to opt out of the plan if they chose to. As I understand it, medicare was designed to ensure that everyone could afford adequate health care. I believe the system as it currently exists accomplishes that goal. The Liberals supported that.

Let me quote what my friend the member for Windsor-Riverside (Mr. D. S. Cooke) said the other night. "Until very recently, the position of the Premier, formerly the Leader of the Opposition, was that extra billing was a necessity, that it was a release valve or safety valve for the medical profession. It was only leading up to the last election that the Premier changed his mind."

The Liberals were on the other side of the fence at one time, as they have been on most issues that have come before this House. Now, of course, they are on the side of their chosen friends, their bed partners on our left.

Mr. Wildman: They have seen the light.

Mr. Barlow: Is that right? They have seen the light?

Mr. Villeneuve: Candlelight.

Mr. Barlow: Candlelight; that is right.

A questionnaire was circulated in my December newsletter. The results are still coming in on the question, "Is Ontario's existing health care system meeting your needs?" The good people of Cambridge said yes to this question in greater numbers than the provincial average.

Of the people who responded to my questionnaire, 88 per cent feel the present health care system is meeting their needs. Of the nine per cent who responded in the negative, many mentioned that such people as naturopaths, dentists, paramedics and so forth should be part of the system. That was where they had a problem. Of those who responded with a little note to that question, not one mentioned the problem of extra billing.

Another question on the health system asked that very question. "Should the province's doctors be allowed to bill beyond the OHIP schedule of fees?" To that, 69 per cent said no, they should not. That is not consistent with the provincial average. The provincial average seems to be higher than that.

As I said earlier, nobody wants to pay money out of his pocketbook if he can avoid it. They are going to look at the situation and say they want to save money if they possibly can. However, 88 per cent say the present system meets their needs, 26 per cent are not particularly concerned about paying beyond what the OHIP fees are, and 69 per cent would like to see extra billing prohibited.

From my own experience with specialists who have opted out of the OHIP system and charge extra fees, only once, and thank God for this, did I have to go to the extent of having to seek out a specialist who would be able to perform the service. Three years ago, when our daughter was 23, she had a bout with cancer. She had surgery in Cambridge. Fortunately, the surgeon was in the OHIP system.

Two weeks later we came down for the second operation to the Toronto General Hospital and had a consultation with the doctor. He did not know who I was from a hole in the ground. We sat down and had a consultation with him. He said, "My charges are not in the OHIP system. You are going to have to pay extra for this service." He gave us an approximate figure, but he said, "We will have to wait to determine this when it is completed."

Fortunately, I had no problem there, but I know the very same question would have been asked of anyone else who had sat in consultation with him. From talking to that doctor, whom I did not know prior to this, I know that if I had said, "Doctor, this is beyond my means; our daughter is sick and she has to have this operation, but it is beyond my means and I cannot afford it," he would have charged the OHIP fee. I know from talking to him, and he told us after, that he has performed many of his operations under the exact cost that OHIP would have paid.

This is the one and only experience I have had. I have talked to many people and many friends of mine in Cambridge and the same situation applies. I know that if they can afford to pay the physician the amount of money he is asking, they are going to pay it.

For people of lesser means, I do not know what is wrong with a means test. If one wants to call it a means test, call it a means test, but if they are going to perform the service at a cost that people can afford, then there is going to have to be a means test. Maybe that is the answer. I am not suggesting it at this time; it is not part of the debate. But I cannot see why we keep throwing it up here. That is a means test. So what? If it means getting people the proper medication and the proper services they require, so be it.

Mr. Wildman: Do you have a means test for the Canada pension or a means test for the old age pension?

Mr. Barlow: What is wrong with that?

Mr. Wildman: Is the honourable member threatening us with Mulroney?

Mr. Barlow: He and I have not talked about this yet.

Our newspapers are full of human-interest stories about people from all over Ontario or, for that matter, from all over the world, who are treated by our world-renowned specialists here in Ontario with the doctor agreeing to waive his usual fee and perform the service for what the people can afford, or, to use a business phrase, what the market will bear.

Mr. Wildman: That is right. Right on. He is right there.

Mr. Barlow: We have in place in Ontario a health care system of which we can be extremely proud. I fear the changes being proposed by the minister at the present time, with the support of—again, I will use the phrase—his little red rump. This system is in place, it is excellent, and we should not be tinkering with it. The physicians I know and the physicians to whom I have

talked on this matter, some of whom are in and some of whom are out of the OHIP system, are concerned about one thing, and that is patient care. They do not want to take sanctions that could affect patient care.

I use Cambridge as an example of what I mean when I mention tinkering with the system we have in place. It is a good system. Let us not tinker with it. If we are going to spend money, and undoubtedly this whole system is going to cost us more money, let us put it back into the total health care system. This is an example of where money could be spent instead of tinkering around with what we are doing now.

Last week in Cambridge there were three elective surgeries that had to be cancelled because there were no beds available and there was not time available for the services to be performed. These are people who had psyched themselves up to have a certain operation performed at a given time, had made arrangements with their families at home and so forth, and these surgeries had to be cancelled. These are the things on which we should be spending money.

9:10 p.m.

I also know that in Cambridge, and I am sure this is true all over Ontario, because there are not the facilities available in many of the hospitals, referrals are being made to other hospitals, to the university hospitals. From Cambridge Memorial Hospital, patients are being referred to McMaster, to London, to Toronto, to all the university hospitals where the facilities are available. In many cases, they are not available in a hospital such as Cambridge. They do an excellent job, we have an excellent group of physicians in our town, but they can go only so far with the money that is available to allow the hospital to buy the necessary equipment to keep up with the times.

The doctors here are not opposing extra billing as much as they are the whole system. They want to maintain their right to be in the system or out of the system. They want to be treated as individuals, not as a total medical system or as a bunch of bureaucrats who are working for the government or for the state. They want to be treated as individuals who have the opportunity to bill for the services they perform, the services for which they are trained.

I feel this legislation will prevent many doctors who are highly skilled and more experienced in their profession from receiving due recognition. If this is not so, then the government must have another scheme in mind. I fear the Liberal government is about to enter into a very

complicated multilevel fee system that could create a bureaucratic nightmare far beyond our wildest dreams. I fear a number of our best doctors will not appreciate being known as civil servants and will leave the province, hurting the quality of care that a family doctor is able to provide.

I have a very short letter from an individual that I would like to read. It is dated December 8 and it arrived in my office four days later. It came by Canada Post. The letter is from a Mr. Peter Worden of Cambridge. He says:

"Dear Mr. Barlow:

"I fully agree with the Association of Independent Physicians of Ontario in the request that there be a full public inquiry into health care in Ontario before any new legislation regarding extra billing is passed. I do not want my choice of physicians limited or my doctor to become a mere civil servant."

That is the extent of the letter sent by an individual in my riding who has a real concern for the health care system in our province.

Mr. Philip: How about the footnote? It says, "In case of medical emergency, see my son."

Mr. Barlow: Is that right? I did not notice that.

I have another letter here that was sent to me the other day because of the introduction of the bill. This is from an opted-out family physician in Cambridge. It is a rather lengthy letter, but I want to read a couple of paragraphs from it because what this physician says about the system is important.

"The entire opting-out issue is a sham set up for political purposes." I would not have used those words, but this physician chose to call it a sham. Perhaps I would have used those words; it is a sham.

"There are many other aspects of the health care scheme that represent a significant impediment to public accessibility such as increasingly longer waiting periods for elective surgery, a crisis in hospital funding and a shortage of facilities available for our ageing population. The proposed legislation will deprofessionalize the medical profession. It will force severe and bitter confrontations with the government at contract time.

"Recent provincial history contains many examples of this growing problem. The public that you and I both serve will not benefit from the possible outcome of the inevitable and continuing struggle that must ensue."

That really sums up the feelings of many members of the medical profession as they listen

to our debate on this particularly important subject.

As a member of the opposition, I see it as our fundamental responsibility to ensure that the government addresses this issue fairly and squarely and attacks the real issue here. The issue, I repeat, is the health care system, not the issue of opting out, extra billing or whatever term one wants to attach to it.

As one very wise man recently said, "The biggest health need in Ontario today," and consequently the biggest responsibility of the government when dealing with the health care system and any changes to it, "is to protect the health care system from big government."

On that note, I would like to conclude my remarks on this legislation, hoping against all hope that this measure to ban all extra billing and to treat all doctors alike, regardless of whether they have performed 10,000 procedures or they are fresh out of medical school and have just completed their residency, will not create a society of patients who wander from doctor to doctor for trivial problems, having the same tests done again and again because they like the attention it affords them or because they want time off work or they are never convinced that what the doctor is telling them is correct.

People want to have faith in their doctors. Any one of us here, I am sure, would rather sit down and talk to his doctor, listen to him and discuss his problems with him than he would with almost anybody else, least of all our fellow politicians.

The proposed legislation seems to be based on the mistaken thought that everybody is equal in sensibility, that all doctors are equal in skill and that the Health Care Accessibility Act will miraculously correct any accessibility problems we might have in our health care system. None of these assumptions is correct.

I was asked earlier where I stood on this matter. Unless I can be convinced otherwise, at the present time and with the information I have, I cannot support this bill. It is not in a form that is going to be of benefit to all Ontarians.

9:20 p.m.

Mr. Wildman: I listened very carefully to my friend the member for Cambridge (Mr. Barlow), who I think spoke with great sincerity and expressed his point of view in defence of free-enterprise medicine, in defence of a medical system that I think he said should be allowed to charge what the market will bear and in defence of a system that he thinks is operating well and does not experience any problems.

I want to make clear at the outset that the member seems to have confused two issues. He seems to think that opting out and extra billing are one and the same, and it is important for us in this debate to recognize that they are two different things. They are related, perhaps, but they are two different things, and the legislation that is before the Legislature deals with one, not with both. This legislation would deal with extra billing. It would prohibit extra billing, but it does not prohibit opting out.

I am participating in this debate because I am very proud of the medicare system we have developed in this country and in this province. As a New Democrat, I am very proud of the role our political party played in developing the medicare system in this country.

Some people in this debate have harked back to the fact that when the fight was won in Saskatchewan and when the federal government subsequently moved to expand medicare across the country, the then Conservative Premier of Ontario reacted against it and called it a machiavellian plot. I think the attitude expressed in this debate by the Conservative members harks back to that view of medicare, the view that somehow by having a public medicare system at all, we are interfering in the free market and with the freedom of medical practitioners to operate as they would and charge what they would.

I am glad we do not have that system in this country. I look at our neighbours to the south and realize that if someone in that great country is unfortunate enough to sustain a serious illness or has someone in his family contract a serious illness, he faces bankruptcy unless he carries substantial and expensive medical insurance. A significant part of the population cannot afford to carry that kind of medical coverage.

There is a system in that country that some in this House would like us to believe is preferred by many of the medical profession in this province. If that is the case, I regret it very much. I think we all—medical practitioners and laymen in this country—should be proud of the medical system we have developed in Canada, which saves our population from the horrendous costs that face some with serious illnesses in the United States.

I am steadfastly and profoundly opposed to extra billing. For that reason, I am prepared to support the legislation on second reading and to have the matter go forward to committee for amendment and discussion of improvements, so it meets the needs of all concerned in this province.

I am not opposed to extra billing only for some of the reasons that have been expounded during this debate. I am not in favour of this legislation only because it will help us as a province to recover the \$50 million we lose every year as a result of the Canada Health Act, legislation that was supported by all three political parties in Parliament—not just the Liberals and not just the New Democrats, but also the Conservative Party at the federal level. That legislation was supported by the now Prime Minister when he was the leader of the official opposition in Ottawa. That legislation has continued under the present Conservative government in Ottawa.

I wonder how the federal Minister of National Health and Welfare, the Honourable Jake Epp, will feel if he ever has the unfortunate opportunity to read the Hansard of this debate and to read the comments made by his Conservative colleagues in this Legislature. He must feel very embarrassed and unhappy that he has Conservative colleagues in this province who are attacking the medical system and the legislation that he is responsible for in this country.

I am in favour of this legislation because to oppose it, as my colleagues on the right do, would mean I am in favour of two-price medicine or perhaps more than two-price medicine. To be in favour of it would mean to favour a class system in medical coverage and medical care in Ontario.

I am not in favour of entrenching in legislation a system that says: "If you can afford to pay for it, you will get one type of coverage. If you cannot afford to pay for it, you will not get it, or you might get it if the medical practitioner is willing and prepared to forgo his fee if you can prove you cannot afford to pay it." That is not a system I want and I do not think it is a system most thinking people in this province would advocate.

It is interesting that my colleague, who was just speaking for the Conservative Party, pointed out that even in his riding, according to his own questionnaire, 69 per cent of the constituents who responded are opposed to extra billing, not only because they think it would be a way to save themselves some money, but also because they believe it is inequitable, unfair and inappropriate to have a system that says: "If you can afford to pay for it, you will get better coverage and care than someone who cannot afford it, unless that person is willing to throw himself or herself on to the charity of the medical practitioner involved."

I am also opposed to the concept of extra billing because of a minor incident that affected me personally three years ago. Those who have

been members of this Legislature for a while will know that I had a rather serious accident a few years ago. The hockey sweaters that are being passed out this evening to certain members of the Legislature remind me vividly of that accident.

I was hospitalized and had a couple of serious operations on my leg as a result of that accident. I had an unfortunate experience with what might occur more and more if we do not eliminate extra billing in this province. The doctor was a very capable and understanding orthopaedic surgeon who gave me tremendous service. I was very pleased with the care I received in the hospital from the nursing staff and all the support staff as well as from the medical team that was involved.

I had a hip-to-toe cast on my leg and I was to have a second operation. My surgeon indicated that because he had come to the conclusion that he would have a hard time keeping me still and in one place—

Mr. Haggerty: The member's leg or his mouth?

Mr. Wildman: Perhaps my mouth; I do not know. He wanted to put a special, lightweight plastic cast on my leg after the operation that would make it easier for me to move around. I said it was fine with me. The date was set for the operation. It was to take place around 11:45 a.m. The orderly and nurses came in to prepare me for the operation. The nurse sedated me and the orderly broke the plaster cast I had on my leg.

As the medication took effect and I was drifting off, the head nurse came rushing into my room somewhere around 11:15 or 11:30. It is hard to remember as I was a little hazy. She said, "Mr. Wildman, have you been notified that the cast the doctor wants to apply is not covered by OHIP?" I said, "No, I have not been." She said, "We are supposed to notify you ahead of time so you can determine whether you want to proceed."

9:30 p.m.

As members can imagine, it was a little difficult for me to think clearly as the sedative took effect. I did not know what to do, so I said, "I suppose you should proceed." I asked her if she knew how much the cast would cost. She said no, she did not, but she would check.

I had a telephone beside my bed.

The Acting Speaker (Mr. Morin): It is all very hazy.

Mr. Wildman: It relates directly to the bill, Mr. Speaker. I had a telephone beside my bed and the Ontario government directory, because I had been doing case work in the hospital. I

phoned OHIP in Kingston. I am afraid the person who was on the other end of the line thought I was drunk. I realize it was the sedative. I said I was calling because of a problem with extra billing for a cast and I wanted to know how much it would cost, who would be responsible, who was supposed to notify the patient and when.

This person said, "The man you should talk to is in a meeting." That happens to us as members on occasion. "Can he call you back?" I said, "No, I do not think he can call me back because I am afraid I will be asleep." She said, "Who are you calling on behalf of?" I said, "I am calling on behalf of myself and I am about to enter the operating room."

The upshot of the whole thing was that there had been a mixup. It is normally the responsibility of the surgeon to notify a patient in advance, obviously before he has been sedated, that the procedure is not covered by OHIP. It is normally his responsibility, but in Sault Ste. Marie, apparently, an approach has been worked out whereby the hospital is responsible for notifying the patient if he is in the hospital. Someone had not done what he was supposed to do and the head nurse suddenly realized I had not been notified, or thought I might not have been.

The upshot of the whole thing was that I had to pay. It was not a substantial amount, but I had to pay for this cast. It was a very good cast. It helped me and I am glad I recovered.

Mr. Haggerty: Did the member get a refund for it?

Mr. Wildman: OHIP covered part of it but not all of it.

I am trying to make two points. First, I wonder how often this happens because the staff are busy and hurried in a hospital. How often is it that a patient is not notified when he should be and finds that he ends up having to pay?

I would also like to know what would have happened if I had been someone who could not afford this extra charge. In this case, the hospital would have had to pay, because it was its responsibility to notify me and it did not. However, I suspect that normally another person would simply have had the plaster cast supplied and not the special plastic one.

The point is that this is in essence what I call a class system of medicine. I could afford to pay for this plastic cast, which was very good and helped me to recover. I could get it, but if I had been a person who could not afford it, I would not have got it.

That is what the people in this Legislature who are arguing against this bill are saying should be

the kind of medicine we will have throughout the system—not just with a minor charge for a cast but for major operations such as the one mentioned by the member for Cambridge. We are going to be setting up and entrenching a system wherein the physician will be put in the invidious position of having to decide whether he should charge an extra amount to this person and having to judge whether he believes this person can afford it. The patient is put in the humiliating position of having to beg and say: "I am sorry, Doctor. I need this but I cannot afford your charge. Will you forgo it in this case?" I do not think any of us wants to have that kind of system in Ontario.

Some of the arguments that have been raised against this legislation relate to who controls the health care system. Some doctors have been saying the politicians are imposing their will on the medical system in this province, that they are taking away from the professional responsibility of the medical practitioner, that somehow politicians are interfering in health care.

In my view, health care is everybody's business. It does not come only within the purview of the medical profession. Most, if not all, of the public services provided to the people of this province are everybody's business, not just that of the professional who is directly responsible for delivering the service.

Just as education is everybody's business, so is health care. We do not leave the education of our children solely to teachers and we should not leave the care of patients solely to physicians. Our medical system is paid for by the public and it serves the public. As public servants in this Legislature, we have the responsibility to ensure that we have the best system possible.

In this province, 83 per cent of the people are opposed to extra billing in principle.

Mr. Villeneuve: Ninety per cent like the health care going now.

Mr. Wildman: Exactly. They want to preserve it and they do not want to have more extra billing. If that kind of majority, 83 per cent of the population, believes we should eliminate extra billing, then those of us who believe in democracy, in representative and responsible government, surely should consider very carefully and follow the wishes of the people. I am also in support of this legislation because we must protect access to medical care for everyone in this province.

It has been suggested by the opponents of this legislation that a fee schedule is being imposed on the medical profession without proper negotiation. All of us in this House recognize there

have been problems in reaching agreement between the Ontario Medical Association and the government in the past. We have a system now in which the OMA schedule is substantially higher—about 30 per cent—than the recognized OHIP fee schedule.

We have a situation in which a small number of doctors are charging the higher fees. I do not think this is a healthy situation. It is not one we should perpetuate. In the health care system we have, we should have free and open bargaining between the medical profession and the government to reach an agreement on an equitable fee schedule and then both sides should live with that. Frankly, I believe in free and open collective bargaining.

9:40 p.m.

One of the problems we have today in this province is that many doctors, despite their high level of education and expertise, seem to have a basic misunderstanding of the principles of collective bargaining. They seem to think their professional organizations can negotiate with the government and when an agreement is reached they can say, "Okay. Thank you very much. We now have an agreement," but then individual members of their organization can say, "You have that agreement but I, personally, am going to charge more."

What other group that engages in bargaining to set its income believes that individual members of that group should subsequently be able to charge more than the agreed schedule?

It was suggested that we are imposing something on this profession that is not imposed on other professions, such as lawyers. My friend the member for Algoma-Manitoulin (Mr. Lane) mentioned teachers. Teachers cannot extra bill.

Mr. Jackson: They are asking for merit pay.

Mr. Wildman: That is something I wanted to get to. Some teachers have said they want merit pay. It is true their organization does not want merit pay, but I am willing to get to merit pay if members want to deal with it.

If this whole problem were approached with cooler heads and moderation, the medical profession and the government could work out a system acceptable to both sides. If they could not reach an agreement, both sides could discuss things such as arbitration so that a schedule, binding on both sides, could be reached, agreed to and set. That is one option. Frankly, if the Ontario Medical Association believes in merit pay and believes it has a proposal that could reward certain doctors for a high level of expertise and training, it should propose that idea

to the government and negotiate the possibility of a tiered level of fees, such as that of the teachers.

Mr. Villeneuve: The member is having second thoughts about it.

Mr. Wildman: These are not second thoughts. Why are they second thoughts? I am opposed to extra billing; I am not opposed to a negotiated schedule of fees that is lived with by both sides.

Mr. Runciman: Why did they not do that in conjunction with this legislation?

Mr. Wildman: I do not know. I did not set the legislation. I am saying that if both sides would approach this with moderation, those things could be considered. I do not think, though, that we are likely to get that kind of agreement if we continue with the extreme statements that are being made by some doctors. Thank goodness it is a minority of doctors.

I have heard the minister say in this House—and I have to believe him, as one honourable member listening to another—that he is prepared to discuss whatever proposals the Ontario Medical Association may have, but I have also heard in the news media the comments made by some members of the medical profession about a dictatorial approach by the government, about this being one of the worst laws if not the worst law in the history of man and how this law is worse than any law passed in Nazi Germany or behind the Iron Curtain.

Those comments have been made by leading members of the medical profession. I wonder what kind of dream world they are living in. Those kinds of comments will not develop or produce the kind of atmosphere that will make it possible for an equitable system to be worked out between both sides.

I am happy those kinds of comments are being made by only a small minority. I am confident in the professionalism of the medical profession. I am sure the doctors of this province will respond to this situation, keeping in mind the needs of their patients, and that they will work through this situation to ensure that we protect the health care system, that we have a one-class, one-price system of medicine in this province that will be of the highest level of competence of all the medical professions in the world.

I do not believe some of the scare comments that have been made in this House that if we bring in this system outlawing extra billing, as other provinces have, in accordance with the Canada Health Act and what is desired by the federal Conservative government—

Mr. Lane: It was Monique who brought in that legislation.

Mr. Wildman: That is right. It was supported by all three parties in the House.

An hon. member: Jake Epp brought it in.

Mr. Wildman: It was supported by all three parties in the House. Jake Epp now supports it, defends it and operates it.

Mr. Lane: He inherited it.

Mr. Wildman: I am not aware that Jake Epp has tried to change it. Does the member know something I do not? Is he going to repeal the act?

Mr. Runciman: Does the member agree with everything Ed Broadbent says?

Mr. Wildman: I certainly agree with Ed Broadbent's position on this. Does the member agree with Jake Epp?

Mr. Runciman: No.

Mr. Wildman: We can work through this. If we have cooler heads, we will work through this and we will have a system that we will all be proud of and can continue to be proud of.

I am opposed to extra billing. It is a system that is abhorrent to equity and fairness. I hope all members of this House will think carefully about this and will support the principle of eliminating extra billing, just as all members of the Parliament of Canada—Liberal, Conservative and New Democrat—supported the principle of eliminating extra billing in medicare in this country.

For those reasons, I urge the members of the House to support this legislation on second reading so we can move to committee and work through the amendments that will be necessary to improve the legislation so it benefits not only the patients and the people but also the doctors of this province.

Mr. Villeneuve: It is indeed interesting to rise in my place and participate in the debate on the so-called Health Care Accessibility Act, 1985. First, in my humble opinion, "Health Care Accessibility Act" is a misnomer. My good wife Elaine and I have five children. We have been in the doctor's office from time to time, and accessibility has never been a problem.

In the riding of Stormont, Dundas and Glengarry, which includes the city of Cornwall, and in probably a good part of the riding of my colleague opposite, the member for Prescott-Russell (Mr. Poirier), we have numerous doctors. In the riding of Stormont, Dundas and Glengarry, which includes the city of Cornwall, there are no doctors who have opted out or who

extra bill. We will set that straight right off the bat.

Interjections.

Mr. Villeneuve: I see that my sanctimonious friends on the left have all kinds of things to say about this. When they find out what the medical profession of the eastern part of Ontario intends to do because of the Health Care Accessibility Act, 1985, I think we should rename this bill the conscription of the medical profession and regimentation of the patients act.

Mr. Barlow: That is the short title. Wait until we hear the long title.

Hon. Mr. Riddell: Wait till we see how they vote over there.

9:50 p.m.

Mr. Villeneuve: The Minister of Agriculture and Food (Mr. Riddell) is interested in how we will vote. It is rather obvious how we will vote. If the Minister of Agriculture and Food will just be here in due course, when we are done addressing this subject, he will see how we vote. We will stand up and be counted.

This bill stands in the way of the medical profession reaching its apex of excellence. It is a situation that tells the medical profession: "We will paint you with one brush, dark grey. Thank you very much. If you feel like leaving this country, that is fine. We will probably install midwives and what have you later and we will replace you."

In my humble opinion, that is not quite what this party and what I, as a member of this party, are looking for. I will quote a few instances of what has occurred in other countries, including Great Britain and Sweden, those so-called great examples of socialism. At one certain and particular time, Mr. Speaker will agree with me that indeed, if we were to work with the medical profession instead of against it, if we had communication and consultation instead of confrontation, we could resolve this problem without the many situations that are most likely to occur in the not-too-distant future. All of us, as residents of this great province, and our families, will suffer because of it.

The government and its sanctimonious friends on the left here are telling some of our very best medical practitioners: "You may be great doctors but you will have to be dictated to and live within the confines of whatever this coalition government decides for you. We will cast your fate and dictate to your profession."

It has been mentioned that Ontario is one of three provinces that have allowed extra billing. I

wonder why most of the heart transplants and the highly sophisticated operations are happening here in Ontario. In Ottawa, we have Dr. Keon, a world-famous heart specialist. He is a native of Quebec but practises in Ontario. Have members ever wondered why? Let them ask themselves that. I wonder why.

Mr. Haggerty: It is money.

Mr. Villeneuve: I ask the member for Erie (Mr. Haggerty), is that a bad word? It seems money is a bad word in his dictionary.

Mr. Haggerty: No, it is not. Money talks.

Mr. G. I. Miller: The member should ask the farmers down his way.

Ms. E. J. Smith: The member is not paid by OHIP. He is on salary.

Mr. Villeneuve: It is most interesting to hear the comments from across the House. Quite obviously, being bed partners is influencing them.

Again, I must address the Health Care Accessibility Act. I have four daughters, but I also have one son who happens to play hockey. He was in a tournament one week ago yesterday. I was interested to hear the member for Algoma reporting on some of his experiences as a late-blooming hockey player, I gather. I had a few hockey injuries myself, even a few football injuries.

Mr. Haggerty: Do they extra bill in Quebec?

Mr. Villeneuve: There are doctors who come from Quebec when their quota has been filled on the Quebec plan. They practise in Ontario, would members believe, and that is just as bad as extra billing. They are taking money out of our Ontario health insurance plan.

Mr. Haggerty: Oh, come on, now.

Mr. Villeneuve: I live in a border town. Ask my friend the member for Prescott-Russell. He will tell the member for Erie a few things about what happens there. We can talk about that a little further, but I must tell members about my son, Brian.

He was at an eight o'clock hockey game in the Osie Villeneuve Arena, right in downtown Maxville, on Sunday morning, playing against the town of Russell. My friend over there would be pleased to hear that. They are two very good hockey teams.

The tournament was going on. Halfway through the second period, my son had the misfortune of suffering an injury, a separated shoulder.

Mr. Jackson: What was the score?

Mr. Villeneuve: The score was okay for our team in the first game. It was not so good in the second but we will get to that later.

The town of Maxville is situated about half an hour from Cornwall, where the Hotel Dieu Hospital is located, which is where I took him. It is not too often his dad accompanies him to a hockey game, but that Sunday morning I was there. The injury occurred at about 8:30 a.m. By the time we got to the Hotel Dieu Hospital, the emergency ward was pretty well filled. There were little kids, big kids, old kids, young people, old people; there was a real shemozzle going on there.

We walked in, registered, gave the Ontario health insurance plan number, sat down and read a magazine for a few minutes. Brian's turn came up. We were told: "Yes; a separated shoulder, a pretty bad tear. We will take some X-rays and I think we should have our orthopaedic specialist come and have a look at him." This was only eight days ago; it is very fresh in my memory.

The X-rays were taken, hung on the wall with the lights and within 20 minutes the orthopaedic specialist in Cornwall was at the Hotel Dieu Hospital. He gave me the different alternatives we had. There could be an immediate operation. However, at 15 years old one tends to heal quickly, so we had alternatives. We had 10 minutes to think about it.

We decided that if surgery had to occur, it would not occur then. The orthopaedic specialist strapped him up. We left the Hotel Dieu Hospital. It took half an hour to drive home. We had a bite of lunch and went to his hockey team's next game in that tournament at the Osie Villeneuve Arena at one o'clock. If that is not good accessibility to a health system, I do not know what is. Tomorrow, he is going to the same specialist to have the Band-Aids and whatever taken off. He feels pretty good and thank goodness for that. That is the kind of situation that occurs.

When the orthopaedic specialist recognized this kid's dad, he had a few things to tell me. "I do not particularly like what is happening at Queen's Park these days with a certain bill called Bill 94, the Health Care Accessibility Act." This orthopaedic specialist has a sponsor in the United States of America and it is likely this orthopaedic specialist in Cornwall will no longer be a resident of Ontario if Bill 94 goes through.

If Bill 94 goes through, and I or any member takes his son or grandson to a hospital on a Sunday morning, I wonder whether he might be

told: "The civil servant doctor will not be available until nine o'clock tomorrow morning. In the interim, you can do the best you can with whatever staff is available at the hospital today.

This government and its socialist friends are using the medical profession's code of ethics to better and further what they think should happen. They are using the medical profession's code of ethics to dictate to them. Medical practitioners, being the professionals they are, will not let anyone suffer. However, I wonder whether they will leave their home on a Sunday morning, travel to a hospital, perform surgery or whatever under the system that currently is being presented under the auspices of Bill 94.

When this orthopaedic specialist told me he already has a sponsor in the United States, I was very concerned. If this doctor has a sponsor in the United States, I wonder how many others in the top 10, 15 or 20 per cent of our medical practitioners have sponsors in countries such as the US, and are ready to fly away from Ontario should this legislation occur.

Mr. Grande: They would have gone long before this, my friend, long before this.

Mr. Villeneuve: There is a bit of demagoguery going on on this side of the House.

Mr. Wildman: There sure is.

10 p.m.

Mr. Villeneuve: I am glad they admit it. There is demagoguery going on on the government side, but in particular by our friends on the left. If this is allowed to be brought to fruition by bringing Bill 94 to full fruition, we will all suffer the consequences.

The pretence of an additional \$50 million coming to this province from the feds will be a negative \$100 million before 36 months have elapsed. There is no doubt of that.

I will read to the members a couple of excerpts of what my friends in the medical profession in the eastern part of this province—none of whom extra bill and none of whom has opted out—intend to do:

"Cornwall doctors have decided to begin charging for a variety of services they normally provide free to protest proposed Ontario legislation that would ban doctors from extra billing their patients.

"Most doctors spend about 20 per cent to 25 per cent of their time performing jobs that they do not charge for. Beginning next Wednesday"—the day after tomorrow—"they will be charging for all these services, and this will cost considerable dollars.

"We have decided to refuse to fill or refill any prescription orders over the phone. We used to do that for free. Now the patients will have to come to their doctors' office or to the hospital, and there will be a charge for that visit or any other one, for filling out any prescription.

"There will be a half-hour charge for missed appointments. These charges will run between \$35 and \$60 to our OHIP plan. Doctors will be charging for every phone call they make on a patient's behalf, or for every form they fill out and, heaven forbid, forms are second nature to the medical profession. It is going to get considerably worse.

"In addition, no patients will be given appointments after 5:30 in the evening on weekdays or at any time during weekends. The doctors feel that the legislation is heavy-handed and the kind of act which is inappropriate, particularly for \$10,000 fines for not adhering to Bill 94."

I have a copy here of a short bit of correspondence that was sent to the Premier (Mr. Peterson). Many of my colleagues have referred to it. It is signed by A. G. Khan, MD, from Cornwall. It reads in part:

"On behalf of the members of the Cornwall Academy of Medicine, I very strongly object to the introduction of the Health Care Accessibility Act, 1985—in other words, the conscription of the medical profession and the regimentation of its patients."

This doctor represents the medical faculty in eastern Ontario. He goes on to say: "The citizens of the united counties have appreciated the service rendered by the medical profession by awarding many of our practitioners citizen of the year awards, bicentennial awards and heritage awards. They have organized banquets and dinners to honour members of our profession. This made us proud to be members of the community. It gave us extra strength and incentive to do more for the community and the citizens that reside therein. The introduction of this obscene piece of legislation"—We have heard that before so I will not dwell on that.

"Now that this bill has declared the medical profession criminals, thugs, greedy and irresponsible people"—I am simply quoting—"there is nothing left but for us to fight back with every possible means."

Mr. Philip: Does the member agree with it?

Mr. Villeneuve: I will let the member for Etobicoke (Mr. Philip) draw his own conclusions. "Thank God, we are not the helpless Jews of Germany or the oppressed blacks of South

Africa. We still believe that this province of Ontario is a democratic society and that physicians also have the right to practise their profession freely like any other professional."

We are talking about people who have graduated after lengthy studies. They were not at the bottom of their class in primary and secondary schools. I guarantee that or they would not be the highly respected surgeons and medical practitioners that they are today.

"We urge the government to withdraw this bill immediately and sit down with the profession to consider the total health care system, the inequality and disparity of the system, the lack of facilities for the aged, the children, the mentally ill, the overcrowding, the emergency departments," etc.

The letter goes on to speak of the cancer treatment centre, the heart surgery centre, etc.

These are probably some of the things that this particular legislation is camouflaging. People are concerned about when the doctor will see them if they have a certain problem. The elderly in our society are very concerned. When the medical profession, those people who look after our health care as individuals, start giving us the message that the government is not listening and is not negotiating, it is of grave concern to all citizens, particularly senior citizens.

The Premier was asked in this very Legislature to guarantee that doctors' fees would not be increased. He refused to give that guarantee. In other words, no one really knows what will happen or what sort of deal will be made just to keep the profession quiet and under the thumb of the government. If it feels that doctors can be bought with dollars, that just may come to pass.

Just think of this: If doctors' fees were to go up by only 2.7 per cent over and above last year, it would cost this province \$50 million. We can guarantee that doctors who will now lose from 10 to 30 per cent of their income as a result of the ban on extra billing will be looking for a great deal more than a very small 2.7 per cent.

I leave to members' imagination what this government might do if the heat gets to the point where it feels it has to move, and move quickly, so the delivery of health care to which the residents of this province have become accustomed does continue. I believe that dollars will talk. Once those dollars begin to speak, the \$50-million excuse that the government and our friends on the left use as one of the reasons to bring in this legislation will be long gone, and we will be well into the \$100-million, over-and-

above cost, that will be borne by us, the taxpayers of this province.

I have here a reference from June 16, 1981, in that great newspaper the Toronto Star to some of the health care systems in other countries. I may have to quote a little from this, but I think members will find it most interesting. It is the direction in which this government is orienting the medical profession and the patients of Ontario:

"Britain: There is not much doubt our medical care system is in better shape than the British 33-year-old National Health Service," and we speak of OHIP here in Ontario.

"In the UK, theoretically the 56 million people are entitled to full, free health care, but Robert McDonald in London reports a serious decline in standards. There is a waiting list of 641,000 people for the 364,000 beds available in British hospitals."

There are two people waiting for every one bed available, more or less.

Mr. Wildman: Because of Margaret Thatcher.

10:10 p.m.

Mr. Villeneuve: Does the member not recall a Labour government there not long ago? I distinctly recall a Labour government that sowed the seeds of exactly what is happening over there today.

"Because those who pay out of their own pockets for beds and treatment go to the head of the line, the number of subscribers to private health schemes has soared in the past two years by almost 25 per cent, and by 23 per cent in the first quarter of this year." Dollars are still speaking regardless, and I think we have a prime example in private plans.

"Unlike Canada, where health insurance paralleling the medicare plan is forbidden. Britain allows private insurance and permits doctors to practise outside the national health system and to be paid directly by their patients. Even some trade unions, traditionally vehemently opposed to private medicine, now enrol their members in private plans." That is interesting.

Mr. Pollock: Will the member read that again, please?

Mr. Villeneuve: "Even some trade unions, traditionally vehemently opposed to private medicine, now enrol their members in private plans. Currently, 3.7 million, or 6.7 per cent of the population, have private insurance and their numbers are expected to rise by 10 million by

1985. Typically, a private insurance plan costs about \$800 a year."

That is after carrying the cost of a public plan. If dollars are the reason why this government is trying to limit what doctors can charge, I think it should take a hard second look at what it is doing.

"Hospitals are allowed a limited number of patient-pay beds and some have entire wings. In addition, there are 5,600 acute treatment beds in private hospitals. The British turned to private care because, while treatment under the National Health Service is excellent, waiting to get it can take months and in some cases years."

That is what will likely happen in good old Ontario if the government is allowed, with its associates on the left, to go ahead with Bill 94 under the pretence of calling it the Health Care Assessibility Act. It is unbelievable.

"Funds for the United Kingdom National Health Service, \$32.5 billion a year, come from national insurance contributions and general revenue," much the same as Ontario funds come to OHIP. "Salaried workers in Britain pay 7.75 per cent of their gross earnings in social security insurance contributions, of which about half goes to health.

"For example, a wage earner paid \$325 per week would have \$25 deducted from his pay automatically for insurance and \$12 of it would go to health. His employer matches all of it. In Ontario, such a worker would pay about \$6 per week for OHIP premiums or \$23 a month. In Ontario, premiums supply almost 29 per cent of the health care budget. Britain allows local health authorities to conduct lotteries to raise extra funds." It goes on.

Another interesting area to explore is Sweden. The members should listen carefully. "Stockholm reports that the Swedish health care system covers everything from free dental care for children to free homemaker visits and cab rides for the elderly." It sounds good. "Medical care is provided almost entirely through hospitals, including care for minor illnesses, or company health centres many large Swedish firms operate for their employees.

"More than 90 per cent of Swedish doctors are employed by the state so that getting a doctor to treat one privately is almost impossible." It sounds like what we are going to have here. "Few take new patients and waiting lists are long. With high taxes on big earners, it is not worth a doctor's time to work long hours." Does that sound a little like what might happen in Ontario? I am afraid it does.

"An American journalist working in Sweden went home to the United States to get treatment for a minor ailment plaguing him for a year. He said: 'Sweden has well-trained doctors, beautifully equipped hospitals and all modern medical conveniences. The only problem is that you can never get to use them.'

"The Swedes pay user fees." The members on the left should listen to this; this is a socialist country.

Mr. Philip: Why do they live so long?

Interjections.

Mr. Villeneuve: Mr. Speaker, I am having problems getting their attention because they do not particularly like what they hear.

The Deputy Speaker: Would you please address the chair? That will cut down on it.

Mr. Villeneuve: Yes, Mr. Speaker, I am sorry, I did not mean to forget about you.

"The Swedes pay user fees, \$5 for each visit to the doctor and \$6 for each day in hospital. They pay a maximum of \$10 per prescription for drugs. As of July 1, there will be a ceiling on direct costs to consumers. New health regulations will guarantee that nobody spends more than \$125 a year total for medical expenses and drug costs." That is not all that bad. I can go along with that, but it is what follows that concerns me.

"The Canadian Medical Association would like similar charges and a cost ceiling in Canada. It argues that patients should pay a little to doctors and hospitals to act as a brake on overuse of health services. Dental care is free for those under 19 years of age, while adults pay half the dental charges. All government costs are paid directly by taxes." No fund-raising drives or even hospital volunteers like our candy-stripers here in Ontario.

"With a population of eight million, almost the same as Ontario, Sweden's health bill is about \$10 billion to \$12 billion a year, or double that of our provincial spending. Swedes spend nine per cent of gross national product on health. Ontario spends about five per cent of its gross national product on health. Swedes pay out directly three per cent of total health costs compared with 25 per cent for Canadian private insurance which is allowed primarily to pay supplementary and long-term benefits.

"At hospital clinics where most people get their care, doctors work from nine in the morning until five at night and are on call at overtime pay in the evenings and on weekends." This is the clincher. "Because of high taxes, they tend to

take their overtime in time off and not in cash, with the result that most doctors take from three to five months' holiday a year."

That is the socialist system in Sweden. Do I need to tell members more? Here we have West Germany. In West Germany, and I will not quote directly, but I have a statement that was made many years ago, about the time when Our Lord was born, and it says very plainly and simply, "Whom the gods wish to destroy, they first make mad." If the gods indeed are intending to destroy—and the gods are across this chamber and over to our left, or at least they think they are—they are going along the right track to destroying one of the best medical systems anywhere, bar none.

"In West Germany," reports a certain columnist, "92 per cent of the population is covered by a public health care system. The exceptions are white-collar employees and executives who earn more than \$1,600 a month." Quite obviously, in West Germany the figure of \$1,600 or more is where one begins to become rich, according to this. "Virtually all those exempt have coverage with private health care plans that are equal to the public health scheme. The privately insured eight per cent pay, in proportion to income, less than the mass covered by public agencies: typically five per cent of the gross income compared with 11 per cent paid by the majority."

10:20 p.m.

Again, we have to a degree a socialist system. "To pay for national health insurance, a wage earner making \$1,000 a month would have approximately \$110 deducted from his salary for family health insurance, which would cover his health care costs for himself, his wife and his family.

"Each worker is entitled to up to six weeks of sick leave annually with full pay, but his employer must bear the cost. After six weeks, the public health care plan takes over, paying him 85 per cent of his gross salary for a further 78 weeks if required. Doctors' fees are negotiated by the national medical profession, hospital management groups and the public insurance agencies," much like collective bargaining, to which my friend the member for Algoma (Mr. Wildman) was referring.

However, he was talking of collective bargaining without having in it any of the extras for the likes of specialists, those who have many years of experience and have achieved or are achieving the excellence required, which many of our medical practitioners have. If this were built into the system, it might be a little more palatable, but

at one fell swoop, one grey coat of paint covers everyone.

Mr. Wildman: There is nothing to prevent that from being built into the system. Teachers get extra pay for experience.

Mr. Villeneuve: The teachers have extra pay for all the additional courses they follow, if they follow these things. It is my understanding that under Bill 94 there will be one fee for services rendered. Just as the member takes his car to a mechanic—

Mr. Allen: That was the Ontario Medical Association's invention, not this bill's, and the member knows it. Since 1922 the OMA has had that kind of fee structure.

The Deputy Speaker: Order.

Mr. Villeneuve: It is my understanding the Quebec plan will be followed. The minister has not told us where he is going on this one. If the Quebec plan is followed, that is not built into it.

"The whole system," writes this reporter, "has led to extensive abuses by everyone, largely because the majority of West Germans live under the delusion that the health care system is free."

As long as we in Ontario have this delusion, we will never solve the problem and will continue to pay through the nose. If Bill 94 is implemented, we will have deteriorating quality in the health care system. I hope I am wrong. I am simply bringing forth those concerns I have as a lay person who sits on the back benches of the Progressive Conservative Party.

"There are more doctors, 21 per 10,000, compared with almost 18 in Canada. On a per capita basis, in West Germany they have more medical practitioners. There are 117 hospital beds per 10,000 of population, compared with Canada at 54 per 1,000. The annual hospital bill is \$11 billion for a population of 61 million. Hospitals operated by municipalities, universities and churches are almost all self-supporting from payments from the insurance agencies for patients, but some get subsidies from their local government or university owners. Fund-raising campaigns are unknown."

I realize the evening is moving on. I have quite a number of other quotations I feel I must get on the record for the simple reason, to go back to my riding again, we have a large percentage of senior citizens who are very concerned.

It is very easy for the government or its friends on the left to say, "We do not want extra billing." Extra billing is only a small area within Bill 94, even if they call it the Health Care Accessibility Act and everyone seems to want to call it the

extra billing act. I go back to what I said initially, this act is the conscription of the medical profession and the regimentation of patients, and that includes all nine million residents of this province, and we will live to regret this bill if it goes through as planned, without allowing for the highly trained specialists we have.

Again, I emphasize that the reason Ontario draws many patients with those very sophisticated illnesses—I do not know whether that is a good word—with those illnesses that seem unable to be treated in other areas of Canada, is that they have confidence in the medical profession that works in this province and in the health care system in its overall environment.

Some of the doctors are concerned that they seem to have some problem communicating with the minister, with his staff and with the government. On the weekend, the Minister of Health suggested he was not ready to make a move on anything because he would not react to something that had not already happened. The minister—and I notice him listening very carefully—had better be prepared to act because the medical profession is going to be standing on its hind legs to be counted, and the residents of Ontario will be the people who suffer.

I quote here from a representative of the medical profession. This is Dr. Howard Eisenberg. He requested a meeting with the minister on October 30, but the minister answered a month later that he could not meet Dr. Eisenberg until January. Was there a problem? Was the minister reluctant to accept this doctor's input regarding Bill 94 prior to its formulation as we now have it before us?

If the minister had met this doctor, it is possible that we would not have to call it the conscription of the medical profession and the regimentation of its patients; we could probably call it what it should be called, the Health Care Accessibility Act. Things might have gone more smoothly and he would not now be sitting on a bunch of fairly hot burners, getting hotter.

It says here that the doctors are not prepared to surrender. They are not prepared to throw in the towel and say: "Okay. With dollars you can buy our services. We are ready to throw in the sponge. Go ahead with Bill 94, the conscription of the medical profession and the regimentation of the patients."

They are not prepared to surrender and the minister and I, as residents of this province, will suffer the consequences. We will not have the medical services we are accustomed to after 5:30 p.m. or on the weekends. I am speaking from statements made by the medical profession. These people have credibility. They do not jump on both sides of the fence as some political parties have been known to do.

I notice by the large clock in this great chamber that we have reached 10:30 p.m. I would like to resume this debate at the next sitting.

The Deputy Speaker: Perhaps the member would like to move the adjournment of the debate.

On motion by Mr. Villeneuve, the debate was adjourned.

The House adjourned at 10:30 p.m.

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Hansard

Official Report of Debates

Legislative Assembly of Ontario

First Session, 33rd Parliament

Tuesday, January 21, 1986

Afternoon Sitting

Speaker: Honourable H. A. Edighoffer

Clerk of the House: R. G. Lewis, QC



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LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday, January 21, 1986

The House met at 2 p.m.

Prayers.

ORAL QUESTIONS

Mr. Grossman: I wonder whether the Minister of Health (Mr. Elston) is going to visit us this afternoon.

Hon. Mr. Nixon: Yes, he is expected.

Mr. McClellan: Is that the member's first question?

Mr. Grossman: Does the member want to help with the answers? He left him at breakfast, I know.

Perhaps I might stand down my questions until the minister is able to be with us.

Mr. Speaker: Is the House agreeable?

Some hon. members: No.

Mr. Speaker: No? Any further questions? It is going to be a short hour.

RED MEAT PLAN

Mr. Stevenson: I have a question of the Minister of Agriculture and Food (Mr. Riddell). There has been some confusion right from day one on the 1985 stabilization payments for cattle. Various reports are coming out of a meeting held in Middlesex last week. Did the minister say at that meeting that if cattle producers buy stocker calves, produce them up to 1,100 or 1,200 pounds and sell them, and if these calves do not go for slaughter but back out to a feedlot for in excess of 60 days, the producers who had those cattle for months get the same sort of payment as the farmers who had them for 61 days?

Hon. Mr. Riddell: They get payment based on the pounds they put on those cattle. We do not require any proof for a 900-pound heifer or a 1,000-pound steer. In other words, we consider that if they go to market at those weights, they are cattle that are destined for slaughter.

However, there may be a feedlot operator who feels he could take those cattle out of the sale and back to the feedlot and put another couple of hundred pounds on them. If he keeps a 900-pound heifer and a 1,000-pound steer for at least 60 days, then the stabilization will be based on the additional pounds he put on the animal. The feedlot operator who bought the calf and took it

up to 900 pounds in the case of a heifer, or 1,000 pounds in the case of a steer, will receive the stabilization payment on the basis of the number of pounds he put on the cattle.

Mr. Stevenson: In effect, this is really not a slaughter cattle program. If the minister is allowing that sort of gain to be put on and payments for that sort of gain, whether the animal is slaughtered or not, will he explain to me why slaughter calf producers, who may have these calves around for some six months and put 400 to 600 pounds on them, and stocker growers or backgrounders, who may also be putting on considerable gain but not to the 1,000-pound mark, are not being covered when their costs of production and sales output are very similar?

[Applause]

Hon. Mr. Riddell: I am amused by all the applause from the members on that side of the House who probably do not know the difference between a heifer and a steer.

Miss Stephenson: Some of us do.

Mr. Pope: The minister should look in the mirror.

Mr. Speaker: Order. I do not think that was the question.

Hon. Mr. Riddell: I apologize for being so provocative. Had a stabilization program for backgrounder cattle been in place in 1985, it is questionable—indeed highly unlikely—that there would have been a retroactive payment, because those cattle would have been sold at a price that would not trigger the stabilization price. They sold at a level higher than that at which the stabilization would have come into effect. That is the reason there would be no retroactive payment on the backgrounder cattle.

At present the committee is working on a program to cover backgrounder cattle. Had there been a program in place in 1985, there would not have been a retroactive payment because of the selling price of the animals at that time.

EXTRA BILLING

Mr. Grossman: Could the Minister of Health explain to the House his failure to respond in a positive way to the offer put forward some time ago by the Ontario Medical Association to put the

billing practices of physicians under complete study while a solution was found to any problems, including accessibility?

Today the OMA made its offer public. We want to ask why the government refused last fall to have an open and complete study of the billing practices of physicians, choosing instead to lob a hand grenade into the health care system.

Hon. Mr. Elston: I thank the honourable member for his question, but of course he is off the point again. There was no refusal on our part to hold a study that would deal with the entire health care system.

Under the auspices of the Premier (Mr. Peterson), certain steps were taken about which the Premier could provide more specific details. There was no refusal to include the OMA in an overall study then and there is not a refusal now; in fact, we welcome its participation in the study of the overall program. Any of its desire to work, however, was based on its precondition that no discussion would be held on extra billing, despite the legislative mandate of this party to bring forward legislation to end it.

Mr. Grossman: If the minister is so hung up on the legislative mandate of his party, we might give him an opportunity to describe why he is not going ahead with the denticare program while he goes ahead and tries to move on this legislative mandate. Perhaps he meant the New Democratic Party's legislative mandate. It does not come from the public.

2:10 p.m.

In his answer, the minister conveniently pretended that part of the arrangement, which was made public today, was that the government would agree to hold back legislation and discuss the problem with the doctors. Why is the minister shaking his head? That was the full agreement.

Mr. Speaker: Question, please.

Mr. Grossman: The request was that the minister withhold legislation and discuss the problem with the medical profession. As a result of his refusal to meet and discuss this with the doctors, the doctors in Pembroke have a problem and there are headlines in Cornwall and North Bay. The system is crumbling around him while he refuses to sit down with the medical profession to try to discuss the problem.

Mr. Speaker: Question.

Mr. Grossman: Will the minister now agree to sit down and discuss the problem instead of coming down on the patients of this province and their respected doctors?

Hon. Mr. Elston: The Leader of the Opposition has been wrong before and he is wrong again, absolutely wrong. He is totally and irreconcilably inaccurate with the factual information that is before the House and which this fellow seems to think it is his right to ignore.

Perhaps it would be easier if I allowed the Premier to give all the details of the meetings and phone calls he participated in. However, I have sat down with Dr. Moran on several occasions and I have talked with Dr. Myers. We held a get-together. The Premier talked to the Ontario Medical Association on October 4. We had a meeting of a group of people interested in such an overall health study on October 31; we had a group of consenting individuals present. The study was being set up. We had everything ready to go until the OMA withdrew the OMA person who had consented to sit on the study.

I have bent over backwards to try to negotiate with that group. I am still extending an invitation to those people to come and speak to me at any time about any aspect of the legislation. Although that person thinks he can refuse to recognize the factual details, the facts are there and they are clear. We will continue to negotiate whenever they want to see us.

The member is wrong again.

Mr. Rae: In his letter to the Premier dated January 21, which is today, Dr. Myers writes in the first paragraph, "We were pleased to hear that you recognized the public purse cannot support the full cost of health care for much longer if we are to maintain our current high standards of care."

I find that to be rather a bizarre admission by the Premier. Since the Minister of Health was present at these obviously interesting exchanges between the OMA and the Premier, perhaps he will share the thoughts of the government. What does he mean when he says the public purse cannot afford to maintain the cost of our current high standards of care?

Hon. Mr. Elston: It is difficult to understand what is actually intended by Dr. Myers's comments. I do not know; I was not present for all the comments that may have been exchanged between the Premier and Dr. Myers.

This Minister of Health and this government are committed to funding a very fine and worthwhile health care system with the public dollars we have. We have increased our spending in several areas. The commitment of the government is to continue to expand the health care facilities of this province to encourage the best possible care to be delivered to the people.

I do not know what Dr. Myers was talking about, but I can tell the member that we wanted, under the auspices of the personal invitation of the Premier, to get into a long-term study with respect to how we could improve a very good system.

Mr. Grossman: Before the minister gets carried away in believing what he is saying, let us be clear with regard to the letter. The Minister of Health is not suggesting the allegations, as he would have it, being put forward by this party are false or incorrect, because we are putting to him the statement made by the OMA, the group with which he is now joining battle.

These are not allegations we are putting forward. We are asking the minister why he refused their suggestion that he withhold the legislation and discuss with them the accessibility question.

Mr. Speaker: Minister.

Mr. Grossman: He is now saying this letter is wrong—

Mr. Speaker: Order. The member placed the question.

Mr. Grossman: Will the minister—
Interjections.

Mr. Speaker: The member placed the question.

Mr. Grossman: "Will the minister" began the question.

Mr. Speaker: The member did ask the question.

Mr. Grossman: What was the question? The question has not been put. We demand our right to put questions in this House.

Mr. Speaker: With respect, I listened very carefully. There was a question regarding the letter. Will the minister please reply?

Mr. Grossman: With respect, no question was put. We have a right to face the minister with these questions. He can give us long speeches in response but we have a right to ask questions.

Interjections.

Mr. Speaker: Order. The minister.

Hon. Mr. Elston: With respect to any allegations about what was agreed to and what was not, perhaps the best person to ask in this case is the Premier himself. This was a committee—

Some hon. members: Sit down.

Hon. Mr. Elston: Obviously, they do not really care whether or not there is an answer. It is

more grandstanding. They do not care to hear the truth.

Some hon. members: Sit down.

Mr. Speaker: Order.

Hon. Mr. Elston: It is about time they asked—

Mr. Timbrell: Mr. Speaker, on a point of order: There was no question put. I submit you owe it to the Leader of the Opposition to give him the opportunity to complete a question before the minister launches into some nonsensical answer.

Interjections.

Mr. Speaker: Order. I gave the Leader of the Opposition ample time to place his final supplementary.

Mr. Gillies: No, you did not. You do not give us an opportunity to place questions. What kind of railroad is this?

Mr. Speaker: Order.

Interjections.

Mr. Speaker: Order. I feel the question was placed. The minister had an opportunity to reply. I heard a considerable amount of commotion in the House.

Some hon. members: What was the question?

Mr. Brandt: All we want is to ask a question. What is so tough about that?

Mr. Speaker: Order. I have already stated I felt the question was placed. I gave the minister the opportunity to respond. There did not seem to be the necessary co-operation to hear the response. I will call for a new question.

Mr. Grossman: I have been in this House for 10 years and only on two occasions has the Speaker refused to let an opposition party put a question. In both cases, it was this Speaker.

2:20 p.m.

Interjections.

Mr. Speaker: Order. A new question, the Leader of the Opposition.

Mr. Grossman: I would have thought it might have been appropriate for the government House leader to rise in his place and resolve this controversy by agreeing that it might be appropriate to let one simple final supplementary be put. I am candidly disappointed that he did not—

Mr. Speaker: Order. New question, please.

Mr. Grossman: Mr. Speaker, if you continue to prevent this party from asking the questions that need to be put, if you are more comfortable with the lob shots offered by that opposition party, then our party declines the opportunity to ask questions this afternoon.

Mr. Speaker: Order.

Mr. Grossman: We will leave the House.

Hon. Mr. Bradley: This was practised in caucus.

Mr. Grossman: It was not practised; it is what he did.

Hon. Mr. Riddell: Get lost.

Mr. Speaker: Order. New question.

The members of the Progressive Conservative Party left the chamber.

Interjections.

Mr. Speaker: New question.

Mr. McClellan: Mr. Speaker, my suggestion is that you adjourn the House.

Hon. Mr. Nixon: The suggestion has been made that the House adjourn. It really is very unfortunate that the official opposition with six questions to ask—two formal questions with two supplementaries in each instance—has now made this particular spectacle of itself.

As a matter of fact, we stood down the leader's questions until the Minister of Health could be present to respond. Everything we have been able to do to make the minister and the Premier available for any questions has been done. The Speaker has ruled that a question was asked, one of six, and the official opposition has taken this particular stand.

We are prepared to respond to questions from the New Democratic Party, and we might as well proceed with the business. However, if you rule otherwise, Mr. Speaker, we are certainly at your disposal.

Mr. Speaker: The suggestion was made that I adjourn the House. Honourable members know there is nothing in the standing orders that allows me to adjourn the House. I certainly do have the authority to recess for a certain length of time. However, the time is going on for question period. I called for questions.

Mr. Rae: Mr. Speaker, on a point of order: We are in your hands, but I would suggest it ought to be possible, if there is a brief recess, for the House leaders to get together and try to sort this matter out and resolve it. We ought to be able to have a question period in which questions are asked and answers are given. I suggest it is in everybody's interest to try to resolve whatever difficulties may have arisen and for us to make our best effort to do that. We are in your hands in that regard.

Mr. Speaker: In my view, there are members here; the question period is continuing. I really

do not see any reason to recess, so I think we should go on with the business.

Mr. Rae: We are ready to go, then, Mr. Speaker. I am delighted. I am not used to proceeding without being heckled from my right. Perhaps somebody in the gallery would like to accommodate us in that regard.

If I could ask my first question of the Premier very quickly: What does Dr. Myers mean when he says in his letter, "We were pleased to hear that you recognized the public purse cannot support"—

Mr. Laughren: Question; put the question.

Mr. Rae: That is what those guys say all the time. We have had it with those people.

Mr. Speaker: Question.

Mr. Rae: It is George Burns' 90th birthday this week. That might explain what has happened.

What does Dr. Myers mean when he says: "We were pleased to hear that you recognized the public purse cannot support the full cost of health care for much longer if we are to maintain our current high standards of care?" What is he talking about when he says that?

What does the Premier mean? Are views being attributed to him unfairly? The only implication I would draw from that is he now believes private-profit medicine has to be introduced into the system somehow. I would like to hear his remarks on that.

Hon. Mr. Peterson: I cannot answer why this letter came in this form. I received it at 11:30 this morning and I am currently drafting a response which will go out this afternoon.

May I respond to the question at perhaps slightly greater length than would generally be accepted in this House, because it is important? I was hoping the Leader of the Opposition would ask me the question because the letter was addressed to me, not to the Minister of Health, and for some reason he chose to cause a fuss today. However, I think it merits some kind of response in detail.

First, I have been concerned, as I am sure thoughtful members of this House on all sides have been, about the tremendous financial demands of the health care system, driven by a number of things such as an ageing population, increased and better technology, and fantastic demands for capital expenditure. Indeed, the list goes on and on of the demands for money into the system. Those things are obviously of concern as we try to reconcile them with fiscal realities over a long period.

Shortly after we assumed the administration of this province, it was my view the entire question needed a thorough review, looking at the alternatives to current institutional care, examining other methods of financing with both doctors and paraprofessionals, without any particular predetermination or conditions on what the answers would be.

To that end, I talked to a number of people who would assist the government in that thorough review. I believe we assembled some of the most knowledgeable, thoughtful people, not only in this province and country but also in the world, to assist us in that review.

In that regard, I talked to the Ontario Medical Association and asked for its participation in this review. One member of the OMA agreed to participate with us and then changed his mind shortly thereafter, I assume because he felt the politics with respect to that would be complicated. At the same time, we told the OMA, and it was clear to anyone who was watching this administration, that we said in the campaign we were going to ban extra billing and we have proceeded on that.

The OMA came back and said, "We will not participate in any discussions or review of the system unless you hold back on the bill and give up on your intention to ban extra billing." I said that was not possible. The association made that a condition of participation in any review and that is where it went. I am sorry about that, because it is still our intention to go on with a review of the system. We believe it is important and we will do that. However, we wanted the help and co-operation of the OMA.

Mr. Speaker: Order. With respect, I think that was a fairly sufficient answer.

2:30 p.m.

Mr. Rae: I want to tell the Premier about two surprise visits I made last night to two emergency departments. One was to the Humber Memorial Hospital, in the north end of my riding, and the other to the Northwestern General Hospital. I visited both these emergency rooms between the hours of 10:30 and 12 last night.

In the Humber Memorial Hospital, there were eight people in the emergency wards who, to my knowledge, are still waiting for a permanent bed. The expectation is they may be in emergency for as many as two or three days.

In the Northwestern General Hospital, there are five coronary patients who are not in the coronary care unit but who are still in the emergency ward, two of whom are attached to

monitors which do not provide any readouts for physicians to see in the morning.

The Premier and I both know that one of the solutions to the problem has to do with the problem of the number of chronic care patients who are in acute care beds. It is a problem that is endemic to the entire system. What disturbs me about the letter today from Dr. Myers is it seems to indicate that the Premier's preferred solution to this problem is the injection of private sector dollars and private property dollars.

Mr. Speaker: Would the member come to the question?

Mr. Rae: Is that his solution to the problem, or is he going to address it in the proper way with respect to the health care program?

Mr. Speaker: A long question usually receives a long answer.

Hon. Mr. Peterson: I would ask the honourable member opposite not to take that particular statement or others in here as to be my views of anything. I am, in a sense, disturbed about this letter because, in my view, it misrepresents, albeit unwittingly, the realities of those discussions over a long period.

I think the member would agree with me, and he points out two examples, about the kinds of problems we are facing in the health care system. I do not want to run away from those, I want to face those squarely; I do not want to deny they exist. I want to say we have problems and any thoughtful person looking ahead will see they could become more acute. We have to address them. As the honourable member knows, there are alternatives: community-based care, others with chronic care beds, and others that would take some pressure off the system.

If the member wants to know my view of anything, let him please ask me, and not take it second-hand from any letter when we have had so many unfortunate misunderstandings along the way.

Mr. Rae: With respect, since he has raised the question, we can go into the letter at some other point if he wants to make a statement with respect to what Dr. Myers has said. His government has appointed a minister to deal with problems facing the elderly. I asked questions of the Minister of Community and Social Services (Mr. Sweeney) in December with respect to a real home care program that would marry the programs in the Ministry of Health and the Ministry of Community and Social Services.

Given the severity of the problem affecting seniors who have been in hospital for a year or

two years, when the only problem is they need someone to take them to the washroom and their families have left them in the hospital for that length of time because they cannot provide the care, when is he going to get moving on a home care program that will genuinely allow people to stay at home, will relieve the burden on hospitals, relieve the burden on emergency rooms, and provide the kind of acute care that Ontario ought to be able to supply?

Hon. Mr. Peterson: I say to my honourable friend that I think we understand these problems and we are moving on them.

Number one, there was an allocation for home care programs in the budget, as I understand it. My colleague tells me that it was passed by Management Board this morning and so we are moving in that particular regard. Obviously we need to do more.

Number two, my colleague the member for London North (Mr. Van Horne), who is the Minister without Portfolio with responsibility for the elderly, has consulted widely across this province. In the very near future, he will be issuing a white paper with his considerations with respect to the care of the elderly and a number of initiatives he has. We are consulting on this point.

We are prepared to deal fundamentally with these questions and we are not running away from them. The member will see, when he adds up the initiatives in total that we are taking, that this is a government of its word and a government that is not running away from problems but is facing them. To that end, I am sure he would be the first to agree there are no simple or easy solutions to a number of these problems, but we are in the process of changing those initiatives and I think we are going to be doing it successfully.

EQUAL PAY FOR WORK OF EQUAL VALUE

Ms. Gigantes: My question is also to the Premier with respect to equal pay for work of equal value in both the public and private sectors.

In view of the difficulty we have had in getting clear answers from the offices of different ministers, can he give us a commitment that the matter of public sector legislation will be before cabinet this week? Can he give us an indication of the date on which we can expect that legislation to be tabled in this Legislature?

Hon. Mr. Peterson: I wish I could give the honourable member a specific date, but I cannot. As she knows, some of these matters are before

cabinet and are complicated. I can tell her that a great deal of effort has been put into these things. I do not want to say in the fullness of time, but I would say before summer solstice.

Ms. Gigantes: We are getting increasingly frustrated by the diddle-daddling on this issue. On the matter of equal pay for work of equal value in the private sector, and without reference to phases of the moon and the farmers' almanac, can the Premier tell us how he expects people in the public in Ontario to tell him their preferences for the framing of this legislation when this government has not given an indication to the public of its preferences? It has simply thrown out a green paper with a whole host of combinations and permutations. Will he see that this government tables draft legislation before the public consultation begins?

Hon. Mr. Peterson: The answer to the honourable member is no.

Let me go back for just a moment. I hope I can persuade the member that our intention on this matter is very clear. She understands where we are coming from. She may question it. If she does, I respect her, but I say she is wrong. However, we are most anxious to consult in society with the people affected and we are anxious to get all the details right when the legislation comes in.

I know the member will be aware of how complicated this legislation can be, and I can tell her we are moving with dispatch. A great deal of effort by the ministers of this government is being deployed in that area. In the public sector I expect it fairly soon; I cannot be more precise than that. When it comes out, the member will be pleased with the result, and it will be thoughtful because we will have consulted with people.

If the member is asking me to be dictatorial; if she is asking me to make a decision such as the one that was made on the way the separate school question was approached; if she is asking me to set back the cause because of the implementation, she should not ask me to do that. We want to do it properly. We want to consult with the interested parties, and I guarantee our commitment and good results.

Ms. Gigantes: If we learned anything from the process we went through on separate schools, it is that we need draft legislation, not people out there discussing they know not what around a green paper. That is the format we have now.

Will the Premier make sure the government reveals the agenda for these public hearings so people know who will be coming to the meetings in various centres? Will he assure us that we at

least get the report of the consultants, which I understand from the minister is not to be a series of recommendations but a report on what people are saying about the green paper, at the same time as it goes to cabinet, if it ever goes to cabinet?

Hon. Mr. Peterson: I am not promising the member she will see legislation before the consultation, but I will guarantee that she will get a notice of those meetings and that her views will be taken very seriously. The member has studied this issue and we would like to have her views. Then the legislation will be drawn up as soon as that consultation period is finished.

EMPLOYEE HEALTH AND SAFETY

Mr. Martel: I have a new question for the Minister of Labour (Mr. Wrye) involving the matter of two work refusals by Ontario Public Service Employees Union ambulance attendants at Thames Valley involving two-stretcher ambulances, and outstanding orders that the Ministry of Health has refused to implement since September of last year.

Is the minister aware that orders were issued to make two-stretcher ambulances safe and that they have not been complied with? Is he aware that Mr. Melnychyn of his ministry agreed to reinspect the vehicles here in Toronto, not in London, without advising the workers and without having them involved at all? Therefore, is the minister not convinced that the Ministry of Labour, through Mr. Melnychyn, is attempting to circumvent the orders and is violating the Occupational Health and Safety Act, for which they are responsible and which they are charged to maintain?

Hon. Mr. Wrye: I am aware that my friend from the third party held a press conference to discuss this issue. I am aware there is some public concern over it. There has been some concern from the union. I have asked my officials—

Mr. Rae: On a point of order, Mr. Speaker: Being third out of three is bad enough, but being third out of two is positively offensive.

Hon. Mr. Wrye: I suppose those members are number two, because only two of their members moved over to their right.

I have asked my officials for a full report. In getting that full report, I am sure it will be useful to have on the record the questions my friend has raised.

2:40 p.m.

I would be remiss if I sat down before saying that I think Walter Melnychyn, the head of the

industrial health and safety branch, is a first-rate individual dedicated to the health and safety of workers in the work places of Ontario. He proves that day in and day out, year in and year out. This province is lucky to have people of the kind of quality of Walter Melnychyn.

Mr. Martel: Then he does not agree to violate the government's own act, and that is what is happening. Under the internal responsibility system, the workers are supposed to be in attendance.

Since the Ministry of Health argued with the Ministry of Labour's inspector that patients in transit have to be surveyed only if an emergency arises, and since the Ministry of Labour inspector actually bought that hook, line and sinker, can the minister tell me why, under the Ambulance Act, form 5 says, "Change in route?" and the attendants have to examine the pulse, pupils of the eyes and so on while in transit.

Mr. Speaker: Question.

Mr. Martel: That is why the workers should have been in attendance. Can he also tell me why, when the attendants are trained, they are told they have to face the patient all the time? How can they do that in the seat behind the patient when they are in the ambulance?

Mr. Speaker: Order.

Mr. Martel: Mr. Speaker, I wish you would do the same with the Leader of the Opposition (Mr. Grossman). You let him ramble on all day, but you cut off those of us who try to put important questions.

Mr. Speaker: Order.

Hon. Mr. Wrye: I am sure my friend will not be surprised, since the questions he asks are very detailed, when I say I will have to get back to him. I take the question as notice and I will get back to my friend.

CHRYSLER PLANT

Mr. D. S. Cooke: In the absence of the Minister of Industry, Trade and Technology (Mr. O'Neil), I would like to ask a question of the Premier.

Is the Premier aware that in the city of Windsor there is an empty engine plant owned by Chrysler? It was closed in 1979. While this plant lies empty, all the 318 eight-cylinder engines are being imported into Canada from Mexico for Chrysler's large vans and all the four-cylinder engines are being imported by Chrysler either from Japanese auto makers or from Trenton, Michigan, for the small vans.

What is the Premier or his government prepared to do to see that Chrysler reopens that engine plant, thereby creating 1,500 jobs in Windsor?

Hon. Mr. Peterson: To be very frank, I do not have any magic solutions, but with the honourable member's prodding today, I will be happy to get in touch with Chrysler and see whether anything can be done to follow up on his idea. Obviously, if it is possible, it would be wonderful. I will see whether there are any practical impediments and get back to the member.

Mr. D. S. Cooke: The Premier may be aware that Chrysler Corp. has announced \$12.5 billion worth of investment in North America but not one cent for Canada. At the same time, we import all these engines.

He may also be aware that in the negotiations between the United Auto Workers union and the company which resulted in a settlement last year, a letter of understanding was signed to set up a joint committee between the UAW and the company to see whether this plant could be reactivated.

Will the Premier directly contact the real decision-maker in this whole process, Lee Iaccoca, and see whether we can get our fair share of an investment in Ontario, in Canada, and the jobs we deserve in Windsor?

Hon. Mr. Peterson: The member will be aware that, in any circumstance in which I felt the role of government, the minister or myself could be productive with respect to the automotive industry, we have been there fighting and doing what we think is the right thing.

I cannot guarantee Mr. Iaccoca will respond. It is not this government's responsibility to monitor agreements between the union and management. That being said, I am not trying to evade my responsibility; I am saying to the member, if there is something constructive we can do with respect to Chrysler, we will be very happy to do that.

With our position in legislation and making jobs here, as the member knows, we are doing extremely well under the auto pact at the moment. There are some people who fear that if it were opened up, we could be net losers in that respect; so one has to look at the whole thing in context. At the moment, we are doing extremely well in the auto business. We have had a number of major investments.

That being said, I am prepared to talk to Chrysler. I cannot guarantee I will be talking to

Mr. Iaccoca, but I will talk to the Canadian operation and if we can be helpful, we will.

SHELTERED WORKSHOPS

Mr. Allen: I have a question of the Minister of Community and Social Services. The minister is aware that there is a growing concern in the public mind concerning the earnings of disabled people in sheltered workshops. People question whether disabled people in those workshops are receiving the full amounts actually coming to them as a result of their direct economic activities there.

Does the minister recognize that under both our minimum wage legislation and the implications of the new Charter of Rights and Freedoms, each disabled person in such a workshop should be earning at least the minimum wage? What is he doing to review our current compensation packages for those workers? When will he bring in some amendments to them?

Hon. Mr. Sweeney: Both my staff and I have met with three different advocacy groups, particularly for physically handicapped people but also for developmentally handicapped people, with respect to this very issue. The point we have made to them is that we would like them to work with us in working out a scheme to distinguish the different kinds of functions that are carried out in sheltered workshops, those that are for training and those that are for alternative work.

The point that both they and we have made, however, is that we must take into consideration the other benefits that accrue to these workers. If they were to lose some of those other benefits in return for the minimum wage, they would have fewer dollars, and we do not want that to happen. The point I am referring to is that many of these workers receive family benefits and benefits under the guaranteed annual income system for the disabled. In addition, they receive Ontario health insurance plan coverage and dental, hearing and vision benefits. That total package is well in excess of the minimum wage; so the two factors have to be taken together to determine what the final economic package will be.

Mr. Allen: The minister must recognize that the fundamental philosophical problem that is not addressed by anything he has said is that these workers are forced to earn more through their disability than they are able to earn through their ability to express themselves in their daily work.

In the review of that compensation package, will the minister attempt not only to reverse that but also to make certain those workers earn by

their very hands in those workshops a minimum wage?

Hon. Mr. Sweeney: Not only are we in the process of doing that, but we are also well aware it is something we have to do. We know very well we can be challenged with respect to the wages these people earn. At the same time, we want to be sure—and when I say “we,” I speak both of members of my ministry and of the staffs of the various advocacy groups—that we do not do anything that is going to injure the present economic status of those workers. We have to keep those two factors together.

There is no doubt in our minds whatsoever that this change must take place. However, I would add that in order for a working wage to be paid, some of the workshops themselves must be sufficiently upgraded so they can be sufficiently productive to warrant that kind of wage. In other words, if they are going to be operated on a totally economic basis as opposed to an income support basis, then they must have the resources—

Mr. Speaker: Order.

➤ EMISSION DISCHARGES

Mrs. Grier: My question is for the Minister of the Environment. I am sure the minister will recall the federal government announced last March that stringent new emission standards would be in place for 1988 model cars. There are indications that the federal government is renegeing on this commitment and has delayed the implementation of these new standards.

Should that occur, is the minister prepared to act unilaterally to ensure that 1988 model cars sold in Ontario are equipped with pollution control equipment that will reduce acid gas emissions to the level specified in the proposed federal regulation?

2:50 p.m.

Hon. Mr. Bradley: First of all, let me indicate I am glad the honourable member asked this question. It is good to have these notes sitting around here from time to time.

Seriously, in response to a very good question, I made representations to the federal Minister of Transport, Don Mazankowski, the day after I announced in the House the Ontario acid rain program.

In my letter I indicated my concern that if the final regulations are not published soon in the Canada Gazette, Part II, the automobile companies would have a case for not implementing the standards for the 1988 model year and such a delay would be a major embarrassment to

Canada in future acid rain discussions with the United States. I said I trusted he would make every effort to ensure the final regulations would appear in the Canada Gazette, Part II as soon as possible.

I made our position clear to the minister, that we wish to see the federal government stick to its guns in this matter. I have heard rumours that there may be some problems arising in this regard, but I have seen no concrete evidence from the federal government indicating that is the case.

I can assure the member I will make every effort to convince the federal minister he should take this action across Canada. In regard to her specific question about Ontario, I am not certain whether we have the legal right to do so within one province.

Mrs. Grier: The minister is getting very good at repeating my question to me in historical form, but he is evading the question I actually put to him.

Will the minister follow the lead of Quebec, which obviously has the power and which has prohibited the removal of pollution control devices, by imposing very major fines on people who tamper with those devices? In that way, even if there is not federal action, there would be greater protection for the people of Ontario.

Hon. Mr. Bradley: Although I have been the Minister of the Environment for a mere seven months and cannot yet claim to know all the intricacies of the ministry—it will take some time for that, I am sure—I think that under one of the Ontario environment acts, people are prohibited from removing the devices in this province. In fact, we do prosecute.

For instance, I believe we were involved in a case in Kingston, where an individual was charged for tampering with the pollution abatement equipment on the car. We do have that provision in Ontario. I assure the member that through our enforcement branch, this province intends to prosecute on every occasion where we find people tampering with this equipment.

I also assure the member that the full weight of the province will attempt to convince the federal minister not to relent in this matter.

ONTARIO INSTITUTE FOR STUDIES IN EDUCATION

Ms. Bryden: Last Thursday, the Treasurer expressed his conviction that the proposed transfer of the Ontario Institute for Studies in Education to the University of Toronto would benefit both OISE and the faculty of education of

the University of Toronto and enable them both to deliver enhanced programs.

In the light of OISE's concern placed before the standing committee on resources development last Wednesday that it has no assurance from Dr. Connell, the president of the University of Toronto, that there would be no cuts in its budget under the proposal, will the Treasurer consider a more likely possibility of achieving the same benefits as he expects from the transfer by enabling OISE to become a degree-granting provincial institution—

Mr. Speaker: Order. I think the question has been placed.

Ms. Bryden: —which would provide different training—

Mr. Speaker: We have been through this once already today.

Hon. Mr. Nixon: At this time, I do not think the government has plans to elevate OISE to the status of a degree-granting institution, but I do want to say a bit more about the preamble to the honourable member's question. It is based on the premise I put forward that both institutions would benefit from an amalgamation.

The member has already indicated OISE does not have degree-granting power, but depends upon the University of Toronto to grant degrees. This is a power that in the past has been renegotiated on a three-year cycle. It is coming up for renegotiation now. I trust the approval of the University of Toronto to continue granting degrees will be forthcoming.

If you will permit me, Mr. Speaker, I would say there are those people whose judgement is that the academic status of the education faculty of the University of Toronto is not exactly world-class. I am a graduate of it myself; I throw that out for the member's judgement.

OISE does have a substantial reputation in this regard, and the University of Toronto would heartily benefit if it became part of that university. At the same time, it would have the proper and approved degree-granting privileges that the university has established over many years, together with a strong reputation for autonomy. I believe both would benefit in that instance.

Ms. Bryden: I remind the Treasurer that the present negotiations appear to be at a complete stalemate. We were told in this committee that OISE feels it has no bargaining power because it has no degree-granting rights and that therefore some other means must be found to bring the two agencies together. I point out to the Treasurer—

Mr. Speaker: By way of a question, I hope.

Ms. Bryden: Is the Treasurer aware that he may have considerable difficulty getting legislation in this House to disestablish OISE under the Ontario Institute for Studies in Education Act? Will he consider this alternative?

Hon. Mr. Nixon: If the question is whether I am aware that I would have considerable difficulty getting House approval, the answer is yes. If I had been better prepared for these special circumstances, I might have acted accordingly. However, even in these rather trying circumstances, I hope the University of Toronto will see its way clear to continue its degree-granting favours, if I may use that word, in connection with OISE, and I have no reason to believe it will not.

YOUNG OFFENDERS

Mr. Wildman: I have a question for the Solicitor General if he will return to his seat. I realize there is quite a choice of seating today, but I notice he stayed on that side.

Is the minister aware that four youths were incarcerated last month with adults in the Sault Ste. Marie Jail? If he is aware of that, will he explain why this apparent violation of the Young Offenders Act is being permitted by his ministry?

Hon. Mr. Keyes: Yes, I was aware they were there. It is on a very short-term basis. We are making arrangements to try to declare a portion—

Mr. McClellan: A short-term violation; is that what he is saying?

Hon. Mr. Keyes: One day or two days.

Mr. McClellan: Is that all right?

Hon. Mr. Keyes: We are looking at designating a portion of the jail as a holding unit for young offenders, which it is in our authority to do.

Mr. Morin-Strom: On the same issue, beyond the fact that they are together in the same jail, is the minister aware that young offenders have been sharing interconnecting cells with adult inmates in that jail and that for 16 to 18 hours a day the cell doors are open and unlocked between the cells housing adult inmates and young offenders? Is he aware that there is complete access between the young offenders and the adult inmates in that jail? Could the minister not have at least insisted that contact between young offenders and adult inmates be prevented in that jail?

Hon. Mr. Keyes: I will be glad to report back to the members with a full report as to the exact situation. To my knowledge, there is no physical communication between them at this time.

FUTURES PROGRAM

Mr. Warner: This rotation system works well. I have a question for the Minister of Skills Development. I appreciate why he has been so defensive the last little while when questions have been put to him about the Futures program. On what grounds can he defend not allowing the co-operative effort between employers and employees to adopt a pre-apprenticeship program in the area of carpentry and other related skills, so that employers can pay the difference between the minimum wage and the going rate in the trade?

3 p.m.

Hon. Mr. Sorbara: This was one of the matters we dealt with to some extent yesterday. I simply correct my friend in his understanding of what the Futures program is about. I said yesterday on a related question that the Futures program is not designed to assist employers with subsidizing the wages of employees they need.

The important thrust of the program is to create new employment situations, characterized by their training component, to train young people so that through their experience in Futures they can be led towards permanent employment. There are a number of young people in the program who are learning carpentry skills. There is an effective apprenticeship program in the province which receives financial assistance in a number of ways through the Ministry of Skills Development.

We have made a decision based on a clientele, that is, the hard-to-employ young people and their needs, not to create a wage subsidy program. That is in no way a fault of the program; that is one of the benefits of it. By and large, the employers we talk to are happy about that aspect of the program because the important point is not to take away jobs from people who would otherwise be placed, but to create new employment opportunities.

Mr. Warner: We are not talking about a wage supplement program. What I am talking about, very directly, is why the minister appears determined to undermine collective agreements which have been in place for a long time. Why is he willing to run this risk of undermining the collective agreements which exist now?

Hon. Mr. Sorbara: There is no intention and no effect with respect to collective agreements. It is a premise with each employer that in accepting a Futures placement he is not taking away a position he would otherwise fill from the active labour force.

URBAN TRANSPORTATION
DEVELOPMENT CORP.

Mr. Foulds: In the absence of the Tory party, I would like to put a question to the Premier. In view of the brief presented to him last week by United Auto Workers Local 1075 of Kingston, and in view of a letter which I believe was hand-delivered to his office today from that local, would he give serious consideration to stopping the sale of the Urban Transportation Development Corp.?

Hon. Mr. Peterson: I did meet with the UAW representatives. The brief last week was a very general one saying they were concerned about jobs, which I understand, as I am as well. I have not received a letter today from the UAW. I will look for it, but I have no signal from my staff that they have received it either. I will look for it. Can the member enlighten me about what it says?

Mr. Foulds: I will send you a copy.

Hon. Mr. Peterson: Would you? Why is it the UAW always writes you before it writes me? Answer me that.

ANSWERS TO QUESTIONS IN ORDERS
AND NOTICES

Ms. E. J. Smith: I wish to table the answer to question 106 in Orders and Notices.

[Later]

Hon. Mr. Nixon: I wish to table the answers to questions 121, 124, 149 and 173 in Orders and Notices.

[See Hansard for Friday, January 24, 1986].

MOTION

PRIVATE MEMBERS' PUBLIC BUSINESS

Hon. Mr. Nixon moved that private members' ballot item 13 in the name of the member for Prescott-Russell (Mr. Poirier) not be taken up on Thursday, January 23, 1986, the said ballot item to be deferred until immediately following ballot item 21; that all members of the Liberal caucus listed thereafter be deferred one place in the order of precedence, and that any questions on ballot item 14 in the name of the member for Carleton-Grenville (Mr. Sterling) be deferred until 5:50 p.m. on Thursday, January 23, 1986.

Hon. Mr. Nixon: The dislocation has to do with responsibilities on the part of the member for Prescott-Russell in representing the Legislature along with members in other parties at a very important meeting of the francophone parliamentary association, which we all support.

I would also like to point out that during that remaining period of time the House will proceed with the debate on extra billing.

Motion agreed to.

ORDERS OF THE DAY

ESTIMATES, MINISTRY OF MUNICIPAL AFFAIRS

Hon. Mr. Nixon moved, seconded by Hon. Mr. Conway, resolution 15:

That the following vote and item of the 1985-86 estimates for the resources development policy program (Niagara Escarpment Commission) be considered as part of the estimates of the Ministry of Municipal Affairs, the said vote and item to be considered by the standing committee on resources development within the time allocated for the estimates of the Ministry of Municipal Affairs and to be included with the order for concurrence in supply for the said ministry:

Vote 2001, resources development policy program; item 3, Niagara Escarpment Commission, 1985-86 estimates, \$1,531,700; amount to be voted, \$1,531,700.

Hon. Mr. Nixon: May I just say there are two notices of motion. The next I will place in a moment, with your permission, Mr. Speaker, but this is to adjust the allocation of certain funds in the estimates, which is necessitated by a change in the ministerial responsibility for defending these estimates. These matters will come before the appropriate committee for estimates discussion.

Mr. Sterling: I presume the Treasurer is referring to the resources development policy program when he notes the Niagara Escarpment Commission. Could the Treasurer indicate whether that is for the full fiscal year of 1985-86, and does it include the capital contribution as well—I believe it is \$2.5 million—which was being made for the purchase of land by the Ontario Heritage Foundation?

Hon. Mr. Nixon: The allocation that will be discussed is the same as the general estimate that was tabled back in July. These are the estimates we inherited unchanged from the previous administration. If there are any supplementary estimates associated with the Niagara Escarpment Commission, they will be put before the committee at the same time. Frankly, I am not sure whether there are or not. They would all be debated at the same time.

Motion agreed to.

ESTIMATES, CABINET OFFICE

Hon. Mr. Nixon moved, seconded by Hon. Mr. Conway, resolution 16:

That the following vote and items of the 1985-86 estimates for the francophone affairs program, forming part of the estimates of Cabinet Office, be considered for two hours 30 minutes in the standing committee on resources development following completion of the estimates of the Ministry of Industry, Trade and Technology:

Vote 302, francophone affairs program: item 1, francophone affairs co-ordination, \$1,864,400; item 2, Council for Franco-Ontarian Affairs, \$402,700; less special warrant, \$200,000; amount to be voted, \$2,067,100.

Hon. Mr. Nixon: This deals with the office of francophone affairs and the adjustment here will ensure that appropriate opportunity for members to participate is forthcoming.

Motion agreed to.

PUBLIC SERVICE SUPERANNUATION AMENDMENT ACT

Hon. Ms. Caplan moved second reading of Bill 76, An Act to amend the Public Service Superannuation Act.

Mr. Speaker: Does the minister have any opening comments?

Hon. Ms. Caplan: I would just notify the House that this matter was discussed at the Board of Internal Economy. What it will do is treat the staff of the members who are Legislative Assembly staff the same as those who are ministry staff and allow them to contribute to the public service pension fund. This will result in administrative savings of approximately \$25,000 annually. The benefits are consistent and similar. It was the recommendation of the Board of Internal Economy that this happen.

During third reading, clause by clause, I will have two amendments to propose. I can explain the purpose of these. Is it appropriate to read them in now?

Mr. Speaker: The appropriate time is during committee of the whole House.

Miss Stephenson: It would be helpful if the general purpose of the amendments were a part of the minister's original presentation at this point.
3:10 p.m.

Hon. Ms. Caplan: Perhaps I can let the members know what the amendments will be. It was originally assumed when the bill was drafted

that regulations would allow the caucus employees who are not crown employees to make these contributions. I understand from the legislative drafters it is not possible to do this by regulation and therefore an amendment to the bill is required.

I will read the explanation for the member. Caucus employees are not crown employees in the same way as other contributors to the public service superannuation fund. Our legal adviser therefore felt it would be preferable to provide explicitly in the act for the transfer of funds from the caucus employees' retirement plan, known as CERP, now managed by the Ontario municipal employees retirement system, and for the payment to existing pensioners.

For crown employees, the authority for the transfer of funds already exists. There are currently 188 contributors to the caucus employees' plan and eight pensioners. This would allow that to happen explicitly in the legislation, rather than attempting to do it by regulation, which is not permitted. Should there be a question regarding the effective date, the agreement with the board of OMERS requires 90 days' notice by order in council. It is anticipated the effective date of transfer will be May 1, 1986. This will be implicit in the legislation as well.

Mr. Speaker: For the benefit of the members, I refer to standing order 58, which says, "When time permits, amendments proposed to be moved to bills in any committee shall be filed with the Clerk of the House at least two hours before the bill is to be considered, and copies of such proposed amendments shall be distributed to all parties."

Mr. Philip: They were distributed to all parties.

Hon. Ms. Caplan: I believe they were distributed.

Mr. Speaker: I just draw it to the member's attention.

Miss Stephenson: Mr. Speaker, I am interested you should clarify the requirements of the House. I regret I did not receive a copy of any proposed amendments at any time. I still do not have them and I would like to see them.

This amendment to the Public Service Superannuation Act is one we can support with enthusiasm because it tends to bring into the ambit of public service superannuation all the people who work within Queen's Park.

One of the questions I would pose to the minister, and I am not clear about this at this point, is whether individuals who are contracted

through the legislative office, but who work for members of the caucuses in their constituency offices outside Queen's Park, are covered by this legislation, and whether the principle of reasonable superannuation benefits for permanent part-time employees has been considered as part of this legislation and will become an integral part of the proposal or development that is being pursued. If this is not required to be part of the act itself, would that kind of modification be seen within the regulations? What are the definitions of "permanent part-time"?

The principle of expanding the Public Service Superannuation Act to encompass everyone who works legitimately within this area is entirely right and my party will support it. We believe there are two or three small addendal areas, if you like, that should probably be looked at.

The commitment we have had to coverage for superannuation benefit purposes of permanent part-time employees is one we think is particularly important, since a large number of new jobs in the future, and even right now, will be permanent part-time to provide young women with greater flexibility to work appropriately at their career development while raising their families. That area of activity should receive the benefit of superannuation if it can be included in this act. We strongly recommend that it be included at this time as an amendment. If it does not need to be included as an amendment to the act, I would like to know whether it can be done by regulation and whether we can move in that direction.

Otherwise, I am happy to inform the minister that we will support the legislation, and I believe support the intent of the amendments I now have before me.

Mr. Philip: We received the amendments through our House leader. I believe they were distributed that way. I appreciate that the minister did send them.

We will support the bill. In 1977, when the cabinet made the decision not to allow caucus or political staff to be included, some arguments were made that caucus staff salaries were not public and that the caucus did not follow civil service guidelines.

Those arguments can no longer be made. It makes some sense at the present time and in fairness also. In the case of some of the caucus staffs, there has been the problem over the years that some of the benefits that were obtained by other public servants would follow to the caucus a few months or even a year or more later. This gives them all the benefit of that kind of thing happening at the same time.

I have read through the amendments and I see absolutely nothing to object to in them; they are plain housekeeping amendments. Therefore, we will support both the bill and the amendments.

The Deputy Speaker: Does any other honourable member wish to participate in the debate? If not, then this will close the debate.

Hon. Ms. Caplan: I would ask that the bill be ordered for third reading.

The Deputy Speaker: You have no further comments to make upon second reading?

Hon. Ms. Caplan: Yes. The comments I will make are in response to the questions from the member for York Mills (Miss Stephenson).

All part-time employees are covered, as are all staff paid with the moneys appropriated through the Legislature. What this does is to rationalize that which is available to all the staff of all the members of the House. It is my understanding it will not be necessary to have an amendment to achieve that.

Miss Stephenson: May I ask a question? I am concerned about that response.

The Deputy Speaker: No, I am sorry. The debate is completed.

Motion agreed to.

Bill ordered for committee of the whole House.

House in committee of the whole.

PUBLIC SERVICE SUPERANNUATION AMENDMENT ACT

Consideration of Bill 76, An Act to amend the Public Service Superannuation Act.

The Acting Chairman (Mr. McKessock): The minister has an amendment to section 2.

Miss Stephenson: Before we get to section 1, may I ask the minister to clarify her statement that all part-time employees are covered by the Public Service Superannuation Act? Can we please have a precise definition of "part-time" and "all"? Is she talking about temporary part-time employees, those who are employed by GO Temp, who work—

Hon. Ms. Caplan: No.

Miss Stephenson: Okay. That is the kind of thing I wanted to know.

Hon. Ms. Caplan: No. This applies to all the people who are regular employees employed by the members on their staff out of the appropriation from the Legislature.

Miss Stephenson: Permanent part-time?

Hon. Ms. Caplan: Permanent part-time employees are covered. It is important to be clear that it is anyone with whom one signs a contract for regular hours who is considered to be in one's employ under the global allowance given to a member by this Legislature and the Board of Internal Economy.

3:20 p.m.

Miss Stephenson: Under the rules or regulations related to this, is there a minimum hourly requirement per week to qualify for superannuation for part-time employees?

Hon. Ms. Caplan: If the member will give me a moment, I will check whether there is a minimum requirement.

The part-time provisions are defined by the Public Service Superannuation Act as one third of regular time. That is the definition contained in the act and anyone who would qualify under that definition would be eligible.

Section 1 agreed to.

Mr. Chairman: Hon. Ms. Caplan moves that the bill be amended by adding thereto the following section:

"2. The Board of Internal Economy of the Legislative Assembly, the minister and the Ontario Municipal Employees Retirement Board may by agreement,

"(a) transfer all funds and other assets of the caucus employees retirement plan and the caucus retirement superannuation adjustment fund account to the public service superannuation fund and the public service superannuation adjustment fund, respectively; and

"(b) transfer all credits of contributors and retired contributors in the caucus employees retirement plan and the caucus employees superannuation adjustment fund account to the public service superannuation fund and the public service superannuation adjustment fund, respectively."

Hon. Ms. Caplan further moves that sections 2 and 3 of the bill, as printed, be renumbered sections 3 and 4.

Motion agreed to.

Section 2, as amended, agreed to.

Sections 3 and 4, as renumbered, agreed to.

Bill, as amended, ordered to be reported.

On motion by Hon. Ms. Caplan, the committee of the whole House reported one bill with a certain amendment.

EDUCATION AMENDMENT ACT

Hon. Mr. Conway moved second reading of Bill 75, An Act to amend the Education Act.

Hon. Mr. Conway: Very briefly, this is the so-called French governance legislation, more properly known as the minority-language governance for education. My honourable colleagues, particularly the two spokesmen for the opposition, have been very involved and very helpful in the process that has led the new minister and the new government to the introduction of Bill 75.

As the House will know, in mid-June the previous administration introduced its own legislation, Bill 28, which I withdrew early in July on the basis that we felt it could be improved upon.

We have spent a lot of time during the past number of weeks and months working very carefully with the education community in general and very specifically with the provincial associations representing the francophone community. They have been very supportive and helpful as we tried to the very best of our ability to develop this policy, taking into account not only the desire of this government and of this Legislature to provide for the best possible governance for minority-language education in the province but also the very considerable regional variation that is to be found in Ontario.

I am very pleased and proud to move second reading of Bill 75 today, which legislation provides for the francophone community in this province more specifically, although not entirely, guaranteed representation with exclusive jurisdiction in the area of education for schools and classes.

I very much look forward to the contributions of my colleagues, who I know have been thinking about and examining the legislation at hand.

Mr. Davis: First of all, I rise to commend the Minister of Education (Mr. Conway) for taking action as quickly as he indicated he would in response to the concerns of the francophone community across this province and to inform him that we certainly will support his recommendation. As I understand it, he is going to have the bill go to committee for public hearings and for an opportunity for various representatives of the education community, both in the francophone community and in the nonfrancophone community, to come forth and comment on the various aspects of the legislation.

Some of the areas of the legislation, as I will point out in a few moments, seem to have created some concern in people's minds, and it is important that they have an opportunity to come before the standing committee on social development to articulate their concerns and to see whether we can make amendments that will

respond to the concerns they have been bringing before us.

It is with interest that I took the opportunity to read through a variety of data that had to do with this piece of legislation. I began with Bill 28 and then moved to Bill 160, which was the first piece of legislation introduced by the previous government in respect to meeting the needs of the francophone community in this province so they would have jurisdiction and control over the delivery of their education program and would have a real and important contribution to make, not one in which they felt they lacked the power really to take initiative in and have direction over their own education policies.

I then read the education green paper that was produced by Dr. Fisher under the then Minister of Education, the member for York Mills (Miss Stephenson). I spent a lot of hours reviewing and considering the report that dealt with the Ottawa-Carleton Review Commission. It also had to do with the alternatives for the organization of the boards of education in the Ottawa-Carleton area in respect to providing some kind of formula or format so the francophone community in that area could have its own education system, its own board of education. I will comment on that in a few moments.

3:30 p.m.

I then spent some time reading the report of the Joint Committee on the Governance of French-Language Elementary and Secondary Schools, which was produced in April 1982, and I reflected upon many of the suggestions and recommendations proposed in that area.

It was interesting to find that enumeration of the electorate for the francophone community is still a problem and has not been addressed by any level of government. There has been no attempt to identify those residents in Ontario who would qualify under the legislation as members of the francophone community and who would therefore have certain rights with respect to the election of their representation.

I read the final report—the proposal in response to the report of the Joint Committee on the Governance of French-Language Elementary and Secondary Schools—and then the final report which was put together in February 1984.

I was pleased to see the present Minister of Education, rather than going off on a tangent and responding to the various concerns that I am sure were presented to him, must have spent the same number of hours as I did, or at least he must have skimmed through those briefs, to have some command of the information to take a hard look

at it. He used the data supplied under the legislation known as Bill 28, the majority of that bill, to formulate his new Bill 75, to provide the francophone community an opportunity for governance of its own educational system.

There are a number of concerns with this piece of legislation, simply because it is new and innovative and it seems to be, in the eyes of some people in this province, one more step in the fracturing of the educational system and the educational family.

I would briefly like to spend some time raising some of the concerns that have been brought to my attention as the Education critic for the Progressive Conservative Party, to place those on the record so that as we go forth to the public debates we can try to address those concerns.

The French-language advisory committee has changed dramatically. If a board purchases a French-language education from another board and 10 or more qualified electors so request it, that board must establish a French-language advisory committee.

For the first time, this applies to both jurisdictions—the separate school and public school boards. Of course, there is the definition of the qualifications of a person to sit on that advisory committee.

One of the interesting functions or focuses of this new piece of legislation dealing with FLAC is the new role of the chairman of the advisory committee. He or she will now have the right to sit on the public board, to make recommendations and to speak to those recommendations as they affect the francophone community, but if that person is not a trustee, he or she has no voting rights.

One of the concerns we have with that piece of information or suggestion is that if a board is purchasing French-language services from another board, it has been brought to my attention that we must try to define the role of the FLAC chairman when he or she sits as a nonvoting member on a board that is purchasing the French-language component from another board.

As members are aware, when a board purchases services from another board, it loses any jurisdiction to suggest or direct the other board in the delivery of those services. When we examine that, one wonders what role the FLAC chairman will play on the board that is purchasing the service. Would it not be more effective if that member of the FLAC committee sat on the board that is selling the service, so he could provide some protection and concern for the students of

that educational jurisdiction where the services are being purchased?

I suggest it will provide some difficulty in the beginning for the public board to have someone sitting there who has no voting rights but is commenting on a certain aspect of education. However, it is not much different from what happens now with separate school trustees, who in the past have been able to speak, and in fact still do, on the elementary sections although they do not have voting privileges.

It is important that a French-language advisory committee must be established in any jurisdiction in this province where a board purchases French-language education if 10 or more qualified electors request it. It is only right and fair that the cultural rights and heritage that are so important to the francophone community be protected within the educational system.

To have some sense of a guarantee of that protection and some sense of ownership, it is imperative that there be representatives who can articulate their concerns about the delivery of the services and the educational program afforded to their students, to ensure that they receive grounding and knowledge in the historical significance of the contributions the francophone community has made to this country and to the world, and at the same time have the opportunity to be exposed, in their own school setting, to that which is unique in respect to the culture of the francophone community.

A new area introduced in this bill is the French-language section. The new piece of legislation states that a French-language section must be established if a board operates a French-language instructional unit, if it purchases French-language education for 300 or more of its pupils, and if it purchases French-language education for 10 per cent or more of its pupils. It applies to both separate school and public school jurisdictions in this province.

It is important that this legislation state, as it does, that the qualification requirements are the same as for a trustee of the board. In addition, the section members must have rights under section 23 of the Canadian Charter of Rights and Freedoms.

In this section of the legislation, the members of the section have exclusive jurisdiction over matters clearly identified in the bill. This legislation will come into effect for the 1988 regular elections.

One of the concerns being raised has to do with what I like to phrase as quasi elections that are going to occur next September. Somehow we

have to provide representation for the francophone community on the boards, and there does not seem to be any other process by which we can afford the francophone community the opportunity at the beginning of a new academic year this coming September to have some jurisdiction in the delivery of educational programs.

A concern has been articulated by various phone calls to myself and my colleagues in the House, and I am sure representations have been made to the Minister of Education, in respect to how that is to come into play. By myself, or in consultation, I have not been able to arrive at a more appropriate mechanism to assure the francophone community of that kind of opportunity and right.

3:40 p.m.

However, I point out it is an area of concern in that trustees are usually elected. There seems to be a distinct process in the election. There is a period of time during which it is done. There is a problem of identifying the francophone electorate in a particular jurisdiction. So that part of the legislation has a number of problems. We hope to resolve them in the committee with some kind of full debate.

Section 4 of the legislation deals with the qualifications of members of the French-language advisory committee and the French-language education councils. It talks about certain aspects of the Charter of Rights and Freedoms, including the right to have children educated in the French language in Ontario with regard to subsection 23(3).

Two areas of concern have been brought to our attention, and we would like some clarification on them, because this point is not specific in the bill. Do parents of French-immersion pupils fall within subsection 23(2) of the definition of citizens who have minority-language educational rights? If the answer is no, it is very simple and the minister can make that statement at the appropriate opportunity when this piece of legislation is placed on the docket of the standing committee which will deal with it.

If they do have those rights, then I hope the minister will take the opportunity to explain how this piece of legislation will deal with the parents of French-immersion pupils. That would place other onerous responsibilities on boards of education throughout this province. It would provide an opportunity for those parents, as I understand the process of elections, to have two votes: one for their public trustee, to which they are entitled because they are public ratepayers whose children happen to be taking French-

immersion instruction, and, at the same time, one for a francophone trustee to represent and protect language rights.

The other concern that has arisen in my deliberations on this legislation is a question which again revolves around French-immersion classes. Do they fall within the definition of a French-language instructional unit, under subsection 258(2) of the Education Act? If a school board decides to implement French-immersion classes in response to the concerns of its electorate, as some have across this province, will that board be required by the new legislation to establish a French-language section, understanding the present delivery of French-immersion programs, the selection of staff and the creation of a French-immersion school in its own building in some jurisdictions? If that is applicable, it will create a great concern and many difficulties for public and separate school boards across this province.

As we go through the French-language section, we find trustees have exclusive areas of jurisdiction. As I read the new legislation in comparison with Bill 160 and Bill 28, the green paper and the final report, there is not much difference between those areas of jurisdiction.

The trustees who are on the French-language education councils or sections will have jurisdiction for the planning, establishment, administration and closing of French-language instructional units and will have responsibility for the submission of capital forecasts for such units to the local public boards. They will have responsibility for the recruitment and the assignment of teachers, administration, administrative and supervisory personnel for the French-language schools and classes.

I suggest that is a deviation from the norm. I assume the intent of this bill is that those teachers would be part of the total complement that is arrived at through the process of collective negotiations, that those teachers would be a line in a teaching formula which says that in response to the French-language section, the number of students will generate X teachers, and those teachers will be a protected section in the negotiating process.

If not, are they on top of the process of negotiating a collective agreement? If they are above the process of a negotiated agreement, who does the negotiation? Is the negotiation done by the public boards and their administration, or is it done by the members or the trustees representing francophone students?

This is a fairly important aspect of history in this province. It seems to me we may not have a quorum.

The Acting Speaker (Mr. Morin) ordered the bells rung.

3:51 p.m.

Mr. Davis: It is refreshing to see that my colleagues have gathered to hear this debate and these words on francophone education in the province.

I was talking about the process of negotiation for the recruitment and assignment of teachers. I assume that at some point the minister will clarify it for us so we are aware whether the recruitment or hiring of these teachers is part and parcel of the public- or separate-board negotiating process, or whether he means the French-language sections or French-language education councils will have jurisdiction to hire their own staff outside the collective agreements.

Several years ago, a board of education not far west of here, one with which I am familiar, made a very conscious effort to state that it would provide for lowering the French-immersion program down to the primary grades for the students of that local jurisdiction. To do that, we wanted to ensure we had qualified teachers who were aware and had the capability of delivering good education in French, and who had some understanding and awareness of the culture and contributions of francophones to this province and to this country.

To that end, we made a deliberate recommendation in our hiring policies by saying that when other teachers were being terminated because of declining enrolment, we would protect any teacher who was prepared to spend time specifically in the instruction of French as a second language. I assume this is what the minister has in mind, and that boards across this province will have some mechanism in their collective bargaining process that will recognize the specific needs of the francophone community in each jurisdiction, will ensure they have adequate teachers to deliver the programs and will ensure they have the opportunity to select their own supervising personnel within the total package of the negotiating process.

My party and I believe it is important that the francophone community has the opportunity and the right to plan, establish, maintain and implement its own programs across this province. We believe it is imperative because they will then be more aware of the cultural identities they wish to convey and pass on in the socializing process of the students. They are aware of the

historical significance the young people will find will enrich their lives, and I think it will provide the kind of quality of education that is imperative and has been imperative in the history of education in this province for all students.

I note that the remaining francophone trustees, when they move into other areas, will have certain jurisdictions except in some defined areas where they do not have jurisdiction. What the bill says is that common areas of jurisdiction are referred to in the bill as centralized services. In general, the centralized services are those areas of concern not included in the areas of exclusive jurisdiction. Resolutions concerning the common areas may be moved, seconded and voted upon by any trustees.

As I recall Bill 28, I believe it was a little more definitive in the areas of what they had decided was common to both jurisdictions and the areas in which the francophone trustees would have little or no jurisdiction since they fell within the realm of the public school boards.

I would like to make a few comments on section 277(1) of Bill 28, because I think it has implications for Bill 75. The planning and establishment of elementary schools is one area where there is no overlap. The administration and the closing of elementary schools, again, is an area where there is no overlap, nor is there an overlap in the planning, establishment, and implementation and maintenance of programs that are exclusively within the mandate of the public and separate school boards' jurisdiction.

They talk about the recruitment and assignment of teachers, and I think it is only fair, just and right for the public boards to have that prerogative solely in their own backyards, so to speak. The planning and establishment of the secondary schools across this province, both public and separate, is still within the mandate of the elected trustees of those two jurisdictions, and the ongoing maintenance of their own programs.

In the common areas in respect of all other matters, any additional member of the board of education has the same powers, duties, rights and responsibilities that a member elected by the public school electorate has as a member of the public school boards. They are the same kinds of areas that Bill 75 affords the francophone trustees. They have an opportunity to comment upon the budget of the school boards, expressly to protect their own financial aspects of that budget. They have an opportunity to talk about the purchase of land for the buildings.

That is one area which will have to be debated to some degree in committee as there has been some concern from school boards trying to understand the rationale of having trustees, who are elected by a small segment of the electorate, moving into areas which many of the board people believe might be perceived as an infringement upon their rights.

That is an area that will have to be discussed and we will have to make every effort to put to rest those concerns as we deal with this legislation.

4 p.m.

One of the difficulties that exists in this legislation is that I do not believe the minister and his staff have fully taken into account the impact that this bill will have when it is combined with Bill 30. It is possible, in a wide perspective across this province, that in certain jurisdictions there could be four separate educational entities being charged to run their own facilities.

There would be the public school board, the separate school board and the francophone school jurisdictions. We can see this problem in an area such as Kapuskasing where there would be public and separate boards but only one secondary school. As the discussions go on, I will be interested in hearing how the minister intends to deal with those kinds of unique situations which will be developing across this province.

A prime example has already come forth in this session of the Legislature. In the Prescott-Russell situation, there are six high schools. The question that will have to be worked out as we begin to deal with this piece of legislation is, will they be split on linguistic lines?

I was pleased to see the minister has suggested, if not within the bill itself certainly in his words, the creation of a homogeneous francophone board in Ottawa. I would have been much more interested if the minister had shared with us his thinking on the establishment of the homogeneous board in Ottawa-Carleton. It is one thing to stand before this House and state he is going to create such a board. However, he offers no solution to that.

I assume he has read the green paper and I assume he has read the proposal response, the report of the joint committee on the governance of French-language elementary and secondary schools, as he looks at the francophone problem in Ottawa-Carleton. There are questions on which we would like him to comment and would certainly like articulated and debated in the standing committee. Is he intending to create five

boards in Ottawa-Carleton? Is he intending to create three boards there?

If he is going to establish a task force, it would be appropriate if he would articulate the kind of framework in which he would like it to operate. I humbly suggest to him that he re-read the green paper, which offers a number of suggestions to deal with that concern in the Ottawa-Carleton area.

I further suggest, which is not stated in the bill nor have I heard the minister say it, that we not only try to provide the homogeneous francophone board in Ottawa-Carleton, but also look at that as a prototype, as one model that may or may not be applicable to other jurisdictions across this province where there is a need and the kind of quantitative persons and area, because I know there are areas which will create geographical problems in respect to transportation and delivery of services. A number of models may be developed out of Ottawa-Carleton so that homogeneous boards may be created in other areas of this province where there are large francophone communities.

I applaud the minister for recognizing the Metropolitan Toronto area is unique and that in order to address the concern of francophone education in Toronto, we are going to have to develop a model. If I understood his working proposal, it was suggested we look at it.

I urge the minister to create some committee to study that. In Metropolitan Toronto, one needs to move almost as rapidly as they are doing in the Ottawa-Carleton area, before there is a duplication of facilities within both the separate and public school jurisdictions as they try to meet the needs of a francophone community and before the local geographical areas attempt to respond to their own francophone communities by establishing their own schools.

The uniqueness of the Metro area will call for some kind of opportunity for the educational family to sit down and develop a model which meets the needs of the francophone community in this jurisdiction. There are several options open. No matter which option is looked at, one concern will certainly be the transportation of students to a central location.

As we go through the process and begin to examine the impact of this legislation on boards across the province, we find there are many positive aspects to this bill. However, there are some areas which will still need to be resolved and debated.

My colleagues and I applaud the opportunity the minister has afforded the electorate of

Ontario and members of the educational family, those being the Ontario Secondary School Teachers' Federation, the Ontario English Catholic Teachers' Association, separate and public provincial trustees, parents and students.

I am especially intrigued that whenever we begin to talk about education in this province and whenever we begin to examine some aspects of other educational programs, the one group we never seem to consult is the students. Somehow there seems to be a concept that students are not able to articulate what they believe should be delivered within the classroom and what programs they should be receiving.

As we toured the province discussing Bill 30, we were most moved by the articulation and concise statements of young people appearing before us on both sides of the question. Whenever we create opportunity—

Mr. Haggerty: What a change after 42 years.

Mr. Davis: I want to say to my learned friend that his government, when it was on this side in opposition, never said students should be involved. This has occurred only since some new blood came into this assembly, new blood which understands a little about education and has an understanding that part of the educational system happens to be students.

Mr. Haggerty: That does not say much for the member's government, does it?

The Acting Speaker: Order. Just address your remarks to the chair.

Mr. Davis: I applaud the opportunity for students to come before us to talk about it. I think it was rewarding when students from Prescott-Russell came to the minister, to myself and, I am quite sure, to the Education critic of the third party. In a very articulate way they expressed their concerns as young people of this province with respect to the educational problems they see in Prescott-Russell, dealing with the deliverance of education on a linguistic basis.

I think the opportunity the minister has afforded the people of Ontario will help us provide good legislation for education in this province—legislation which does not constantly come back to this House, like Bill 100, to be revamped and reconsidered because there was no opportunity for deliberation. We need those opportunities to have the kinds of open discussions which are imperative when we deal with aspects of education such as this one, which really impacts upon the totality of the educational system in this province.

4:10 p.m.

Whenever we bring about new initiatives in education, there is always resistance and concern because we have lived within a cocoon of historical precepts. We have developed certain kinds of modes of operation. Whenever one threatens a mode of operation, there is always some kind of anxiety, and stress is created within the various sectors of the educational family.

We must provide the opportunity for dialogue. We must say, "Let us look at a working model and see whether it is effective." When Bill 82 was introduced, it was not introduced in some wholesale program that said every board would have it tomorrow. We said: "Let us look at certain jurisdictions in the rural areas and the large buildup areas of this province and establish four or five prototypes. Let us examine how they work and how they deliver that program. Over a period of five years, boards of education will begin to make the internal adjustments they have to make and will begin to take a hard look at how they are going to deliver the services proposed under Bill 82, so it is done with the least amount of upheaval and chaos within the educational family."

When we deal with a French governance bill, especially when we are talking about homogeneous French educational boards, it is important to establish prototypes we can look at, so we can say together as the people of this province and as the family of educators, "Yes, this works and it will work here," or, "No, it does not work and it will not work here," and try to find a new model or tear this one apart. That is important as we go through the process in education. It is a problem of looking, comprehending and moving into new areas.

Mr. Speaker, do we have a quorum?

The Acting Speaker ordered the bells rung.

4:16 p.m.

Mr. Davis: As the Minister of Education considers the Ottawa-Carleton situation, which is a unique one, I truly believe it is time we addressed that concern, which has been before this House on several occasions. He has a number of alternatives he can look at.

He certainly understands that the Lieutenant Governor in Council, under section 52 of the Education Act, has authority to designate areas as school divisions, including combining two or more adjoining school divisions to form one. I am sure the minister is aware of that piece of information and of the opportunities he has to dissolve the existing boards and establish one

board of education for the regional municipality of Ottawa-Carleton.

Another option is to dissolve the existing boards of education and establish one board for Ottawa-Carleton containing a defined French-language-trustee component. If he would like to read what is known as the green paper, he will find all the statistics that show how that is feasible.

A third alternative is to dissolve the existing boards of education and establish east and west boards. A fourth is to dissolve the existing boards, establishing east and west boards, each containing a defined French-language-trustee component. A fifth is to retain the existing boards of education within the regional municipality of Ottawa-Carleton but alter each to include a defined French-language-trustee component.

He could also consider the operation of a board with both French-language and English-language selections. One could go on with several other suggestions the minister could deal with in bringing about that kind of proposal.

Mr. Pope: What else can the member suggest?

Mr. Davis: There are one or two more. However, since the landmark legislation in 1968 authorizing boards of education to establish French-language secondary schools and to give legal recognition to French-language elementary schools, my party and the former government have taken that seriously and introduced several measures to improve the status of French-language education in Ontario.

Bill 75 is really the conclusion of what has been the intent of my party and the previous government since 1968 as we moved towards the kind of recognition we now find in Bill 75.

In 1972, there was the establishment of the Council for Franco-Ontarian Education, headed by a full-time chairman. We introduced that. In 1973, there was the creation of the Languages of Instruction Commission of Ontario. In 1977, there was the appointment of the first assistant deputy minister of French-language education and the implementation of many major ministry initiatives.

In that time there were additional grants to school boards for French-language education that afforded the opportunity for many school boards to develop French-language education in their jurisdictions, the introduction of French-language consultative services, the development and distribution of French-language learning materials through the French-language fund, the grant to the Centre for Franco-Ontarians, and the

funds to resource centres in the mid-north Ontario region. There was a provision of funds for French-language correspondence courses, the awarding of research and evaluation of funds, and supportive student services and activities.

One of the most novel things that occurred during my tenure as a school trustee was the development by many boards of their own curriculum to try to meet the needs of the francophone Ontarian. The board on which I previously served developed the curriculum with such skill that it now is used in various jurisdictions across the province in the delivery of French-language instruction.

In 1979, we commissioned the green paper on education proposing the establishment of French-language sections in school boards in Ottawa-Carleton. I want to emphasize that the suggested initiative of the present Minister of Education with respect to the homogeneous francophone board in Ottawa-Carleton was something we had initiated and were beginning to move towards as early as 1979. It is not a new initiative; it is but the completion of the ongoing work of the previous government.

Mr. Pope: You were not here then.

Mr. Davis: An interesting observation one can make as a new member of the House is how quickly other parties take credit for legislation that was introduced by a previous government or suggested by another party. For example, I humbly suggest to the members that the reality of the homogeneous school board was not the creation of the Liberal government. It came out of the deliberations of the previous government. There should be recognition of that kind of initiative.

My learned colleagues in the third party initiated much of the legislation across this country with respect to the social benefits many of us now enjoy. I assume they would claim credit for things such as the medicare program, various initiatives in the labour movement, the Family Law Act and other things. The problem is their initiatives were taken over by the government of the day, which said, "They are our initiatives." I say that with all due respect for my colleagues in the third party. Without those initiatives, we would not enjoy many of the benefits we have today.

We have to recognize that certain initiatives in legislation implemented by a new government, such as the one we have today, often have their genesis, the creation of the idea, the homework that went into it, in a previous government or, in many cases, in a third party.

The education green paper in 1979 states our intention very articulately and puts in the forefront the fact it happened through the process of negotiation and consultation with all the people involved, not a process of confrontation or conquer-and-divide, or of creating chaos as we now see in other aspects of legislation before the House and the legislative committees. It was through the process of consultation.

Sometimes consultation means it takes a lot longer to arrive at a conclusion. It takes longer to find a consensus because we afford people the opportunity to debate and discuss. When we do that, it sometimes takes years to bring about the resolution of an issue. But what is a year, what are two or three or four years in the history of mankind?

I would humbly suggest this thrust of co-operation and consultation is one of the rationales which argues that we did not move as quickly as some people would have liked. Conversely, we did not create chaos in the education field. As I review the legislation, and as I understand the history of education in this province, when the previous government dealt with education policies, in most areas they went through without the kind of controversy we see now when we are dealing with legislation addressing certain concerns of members of this House and the people of Ontario—for example, doctors and pharmacists, and with respect to insurance. It was not a kind of confrontation and division policy. It was one of discussion.

In a number of education issues, such as dealing with the kinds of unfortunate incidents which have occurred in Wellington county since September when there was an impasse and breakdown in negotiations, it has been our party that brought those people in and discussed a resolution to the situation. We did not bring the mandate to the House until we had done that, unlike the situation we faced in the fall.

In 1983, there was the reality of language requirements for secondary school diplomas. The successful implementation of those initiatives over the years is a strong indication of the continued co-operation of school trustees responsible for the provision of French-language education at the local level. Consistent with our commitment in the past to French-language education, we believed it was necessary to take additional legislative measures which reflected to a large extent the recommendations contained in both the Joint Committee on the Governance of French-Language Elementary and Secondary Schools and what we now find in Bill 75.

It was, always has been, and is now our intent to recognize the right of every French-speaking pupil to education in the French language. I believe the proposed legislation which is before us will accomplish that goal, and that school boards will be responsible for providing the required programs and ensuring that pupils have adequate access to French-language schools or classes which they have the right to attend.

I would go so far as to say that minority groups are often forgotten, but in this case those rights will also apply to English-speaking pupils in minority-language situations across the province.

It is my intent and the intent of my party to support the minister's second reading and to ask that this piece of legislation now move to the standing committee for further debate by the people of this province and the various members of the family of education.

4:30 p.m.

M. Allen: C'est avec un grand plaisir que j'annonce l'appui du Nouveau Parti démocratique pour le projet de loi 75.

Premièrement, je veux exprimer l'appréciation de notre parti pas seulement au ministre, qui a introduit cette mesure, mais aussi à Mme Carrier-Fraser, la sous-ministre adjointe, et à ses aides, qui ont travaillé si assidûment sur cette mesure, un projet de loi très complexe et très important.

L'obtention de la gérance de leurs écoles est un objectif désiré pendant fort longtemps par notre communauté franco-ontarienne. Cette mesure est une amélioration significative des projets de loi précédents, comme les projets de loi 160 et 108. Nous savons que ce n'est pas la fin du chemin, mais c'est une démarche très importante.

Nous savons clairement que ce n'est pas une réalisation complète de la décision de la Cour d'appel, et nous voulons avancer le plus vite possible l'achèvement de l'ordre du jour entier de nos compatriotes franco-ontariens.

Je vais proposer quelques amendements pour faciliter ce processus et pour augmenter les pouvoirs des comités consultatifs, par exemple. J'espère que le ministre de l'Éducation (M. Conway) introduira bientôt sa mesure pour un conseil scolaire homogène francophone pour la région d'Ottawa-Carleton, mais nous espérons aussi qu'il ajoutera d'autres régions, comme Prescott-Russell, où les Franco-Ontariens représentent maintenant 76 pour cent de la population.

It is with great pleasure that I rise at this historic moment as we introduce a viable bill into this Legislature for the beginning of a major movement towards French governance of their own schools. This measure has been a long time in coming; a long time in the thinking and fashioning. As we all know, there have been some false starts along the way.

I am aware the background of this bill goes back many years. Some of that has been traced by my colleague the critic for the opposition party. Certainly much of it was advanced by previous ministers of education in his party. No minister in that party with responsibility for education was more sympathetic to this project or moved it along more than Tom Wells. I might suggest perhaps it was because Mr. Wells, in the course of his travels through the French schools of this province, found Madam Carrier-Fraser, who today is the assistant deputy minister of Franco-Ontarian education, that the project we have before us has seen the light of day in the form it now takes. Many hands have gone into the making of this proposal. I want to come back to that in a moment.

The first thing one has to say about this legislation is that there is an absolute and indissoluble connection between education and culture. The notion that somehow a people of one language can well supervise the education of a people of another is quite simply an impossibility. It is not that one simply learns to read and do math in the language. There is a whole web of culture, a network, an ambience that is essential to the whole educational process that can only arise from people of the same language and cultural roots and from no one else.

That is why we have this bill before us; but, although this party supports it, I may say it is also why it does not take us to the final end of the road in the whole question of French governance of their own schools in this province.

The background of the bill lies in an era during which the Conservative Party was in charge of the government of this province. It goes back to a time when there were no Franco-Ontarian schools here. It is quite clear that government sponsored the legislation and brought that kind of educational advance. No one will deny that, and that same government also advanced certain other French-language services that do not have to be recounted here.

What concerns so many of us is that through all that happened there was an unusual lack of concern about the actual status that community ought to have in this province; that it should be an

officially recognized language community. That was inevitably tied up with what one was doing about French-language services and specifically in the whole realm of education. We continually asked those questions of the previous government in the hope it would be prepared to grant official status to that language and give the kinds of guarantees which could not be rescinded by the repudiation of legislation or the modification of regulations but would give an inherent right.

The nearest the previous government came to doing that was with the passage of Bill 119 late in 1983. It went beyond the necessities of federal legislation and recognized the absolute right of every French child in this province to an education in his mother tongue, and that the educational system of this province somehow would have to accommodate that recognition.

In spite of that advance, as a government it was still not willing to take the final step and recognize and accord an official status to the French language in Ontario. Before this Legislature rises, I hope we will have an opportunity to do that and put the genuine seal upon what we are about in this legislation.

The legislation goes back to a series of reports, and one only has to rehearse them, though not their contents, to remember the long march we have been on. It was the Mayo report that did the review of the Ottawa-Carleton area with regard to regional government and the provision of such services as education. It is interesting that, in a sense, the Mayo report was the high-water mark of decision-making that the Conservative government was ever prepared to accept, as far as the preparation of models was concerned.

What that report proposed was a series of educational models that might be used, but no one of which went any further than proposing a French complement or French sections of other boards constructed in a variety of ways, whether it was a single board for the whole region, east board and west boards or what have you.

4:40 p.m.

None of the other papers and reviews that came later ever really embraced a model any more advanced than that, whether one looked at the 1979 education green paper, for example; the governance statement on the review of local government in the regional municipality of Ottawa-Carleton; the report of the Joint Committee on the Governance of French-Language Elementary and Secondary Schools in 1982; yet another new document on March 23, 1983, the white paper, a proposal in response to the joint report; or whether one went finally, in February

1984, to the final report of the minority-language governance study committee of the government of Ontario, the Sullivan report.

What I want to say here is not so much putting down the previous speaker as simply correcting the record. He says the concept—which has to be tied to this bill because it is part of a multimodel approach to French school governance—of the homogeneous school board proposal lies somehow back in the decision-making processes of the previous government.

To be sure, the previous government could not avoid talking about the homogeneous board concept from time to time simply because the pressure from the French community was so strong in that direction. That was their ultimate objective and they laid the proposal time and again before the previous ministry and the previous government. If one looks at the last stage of the report before we got to any of the legislation, Bill 160 or Bill 28, neither of which embraced the homogeneous school board proposition, one finds the following statement with respect to homogeneous minority-language school boards in the Sullivan report of February 1984, which canvassed a whole series of possible models that might be used in this legislation:

“Model 5, homogeneous minority-language school board: no specific model framework is presented. The committee recognizes that the government’s position, as stated by the Premier on November 30, 1983, is in opposition to the establishment of such homogeneous boards. It should be stated, however, that some boards genuinely believe this model to be a viable alternative for government consideration.”

What was happening at that time was that the Association of Large School Boards in Ontario, unlike many other anglophone board and trustee structures, was divided but unwilling to pronounce itself in a definitive way about some of these other models. Some of the larger boards were quite happy with the concept of a homogeneous board, but that was as far as it ever got in any Tory document that was sponsored by, referred to or developed through the Ministry of Education in the past. That put an end to the concept of homogeneous school boards as far as Tory legislation was concerned, and that was definitive.

I am extremely happy to hear the Conservative critic not only supporting Bill 75 but also supporting the concept of a homogeneous school board in the Ottawa-Carleton area. He even suggests that perhaps one might look at it appropriately in some other parts of the province.

I do not want to go back any further or discuss any more detail with respect to that model. That is not part of this legislation, and therefore in a sense properly does not concern us here. At the same time, it must be spoken of inasmuch as the new feature of the new legislation we have before us today is that it is not single-model in its character; it is multimodel. The multimodelling is not complete in this bill because we are waiting for the work of a commission that I hope the minister will announce in the next few days, which then will provide legislation to construct that other more complex model and add it to the basic two models present in this legislation.

The evolution of this legislation has provided many headaches—I am sure the minister and some of his aides under the gallery will nod in assent—as one tries to work one’s way through the number problem of finding a formula to make it possible to have a sufficient and adequate French representation in the kind of model that is presented in this legislation and that would not somehow, in some situation, suddenly flip a whole board over into a contrary language structure from what it should be, given the population it was serving.

We know that happened with Bill 160 and it was still a possibility in Bill 28. Neither of those two resolved those problems. I recall, and I am sure the minister recalls, a long evening of thrashing around in the wake of Bill 28. We were trying to get our heads together about where we might go, where the future lay, as much as Bill 28 really provided an inadequate model.

Without perhaps too much presumption, one might say it was out of that long evening of headbashing that we arrived at some kind of consensus that it was possible to go towards a multimodel system and that we would all be better for it. We recognized, as the French participants in that discussion will remember, that that would not be the completion of the whole objective but it would take us a long way down the road, further than we were at that time with the existing legislation.

One recalls, over the last few years, the many frustrations the French organizations in our province expressed to many of us over the slowness of this process, over the difficulty of going from one of these advisory-year reports to yet another advisory-year report to yet another one, to a white paper, a green paper, what have you, and still never somehow getting to a complete resolution of the problem that really began to approximate the sense of where they wanted to go.

Without exaggerating the qualities of the present bill, it at least begins to do that in a significant and substantial way. While I still hear criticism about this bill from many of the representatives of those organizations, none the less I feel a much greater happiness that they are on a real threshold, and this is the beginning of something they can see developing in the ways in which they think their educational governance ought to go.

I do not want to spend a lot of time rehearsing the contents of the bill. On the whole, the measures for the expansion of the powers of the French-language advisory committee are appropriate for the boards in question, namely those boards which do not themselves sponsor French-language instructional units, but who purchase services from others.

Yet, it does concern me. There are two aspects of that part of the bill that do concern me. One of them is that while the position of the chairman of the FLAC is somewhat strengthened by giving him a recognized place at the table of the board, where he can speak and recommend, there still is no possibility of the representatives of the French community in that board having any voting power.

Perhaps this bill ought to move one step further and embrace that proposition.

4:50 p.m.

After much reflection, I think the other weakness in that part of the bill is that both FLACs have no relationship with any other of their confrères in adjoining boards and no liaison of any formal kind with the French-language section of the board that does provide for the education of the French children of the initial board that has the French-language advisory committee. I suspect that as we move down the road towards some further consolidation of French-language governance of the school system, it would be wise for us to arrange at this time for those committees to have a liaison structure with the French-language section of the providing board. Whether that constellation, that liaison then evolves into anything will really depend upon the potential, the possibilities that are inherent in that cluster of boards.

The liaison may go nowhere but, on the other hand, if there is a potential for further development, surely that is the rational, logical way to help that to evolve.

Those are two suggestions that I would want to make with regard to that part of the bill when we come to amendments.

The French-language sections that the minister has proposed strike me as an adequate construction of French-language governance, again, in the boards in question; boards in this case which do offer French-language instruction, entities, schools for Franco-Ontarian education.

They are provided for in terms of the proportion of French students vis-à-vis the non-Franco-Ontarian students of that jurisdiction, with the trustees having the same proportional representation with no increase in numbers in the board in question.

That formula has overcome, it appears, those numerical flip-flops that one encountered in Bill 160 in particular. One is pleased that while there are exclusive areas of jurisdiction marked out quite clearly for the French and English sections of those boards, there is some provision for some shifting of those boundaries by mutual consent.

If a board is prepared, by agreement of both sections, to add to or possibly to subtract from the exclusive powers, that can happen. There was some concern among the French community that it would be locked into a set of exclusive powers that would be fixed virtually for all time or that could be amended only with great difficulty, but that flexible boundary opens up variation from board to board and additional governance responsibility that can lie down the road for our Franco-Ontarian colleagues as they increasingly govern their own education.

The intermediary step the minister has devised has clearly some marks of ad hocery and of normal transitional modes, if I can put it that way, where one is getting only part-way to where one wants to get and one hangs on to traces of the inadequacies of a past one wants to get out of. None the less, the French-language educational councils that the ministry has devised as a way of stepping up the pace of French governance in the system without having to wait until that next round of school board elections are, at least to us, an acceptable way to go.

It still has some problems in it. If one is a French member of a board and is elected at large by both a French and an English community in one's ward and sits there as a representative of both those groups and then one decides, as the bill allows one to do, to become a member of the French-language education council, is one then still an adequate spokesman for the people of the other language who elected him?

There are those questions, but I think one simply has to tolerate some problems of transition that inevitably are going to creep into any model one looks at in that respect. I have no

interest whatsoever in modifying or amending that section. It will, in any case, be in place for only a number of months and it will be gone. Few of us will be around to remember any of the small inadequacies that were there and they will be relatively immaterial in any case.

What still concerns me somewhat, but I really am not sure how to cope with the problem, is that those sections, while they participate in the overall budgetary discussions of the board, do not as yet have a very powerful handle on the financing of their own part of the responsibilities of that board.

Perhaps the minister can throw an open invitation to come forward to anyone who can resolve that for us with a workable amendment. At the moment, I cannot see one. The shifting boundary proposition that is available may in time also include a more substantial budgetary element.

With those remarks, I think I have said the principal things about the bill that this party wants said. We look forward to its speedy passage, whether it goes to committee of the whole House or to another committee of this House. In any case, we hope no one in this House will delay what has already been too long delayed, and we also hope that groups that come before a committee, if that is where it ends up, do not prolong our consideration.

It is important that the intermediary transitional councils of French-language education be in place as soon as possible. It is important that the French-language advisory committees have an immediate increase in the powers and activities they are able to sponsor. It is important overall that the French community see completed the first major step towards governance of its own system. I repeat that we in this party do not consider this bill to be the final word. We do not consider it is saying to us that we are at the end of the road, but rather that we are at an extremely important beginning.

We remember that the court to which this legislation was referred almost two years ago said quite unmistakably that the present geographical boundaries of school boards in Ontario cannot be considered a limiting factor in the development of French-language schools governance in Ontario. That was saying that in fulfilling the rights the court stated were a clear right of the Franco-Ontarians of this province, those rights should not in any way be impeded by the present geographical boundaries of school boards. It was saying that this Legislature was going to have to take very seriously in the future

alternative boundaries where necessary to accommodate new structures and new boards, and making possible in areas where it might not otherwise be possible the existence of homogeneous French school boards.

This is a major piece of legislation. It is the beginning of a historic march and I know this Legislature and this party are happy to take these first steps.

Mr. Pope: I do not see a quorum, Mr. Speaker.

The Deputy Speaker ordered the bells rung.

5:03 p.m.

Mr. Pope: If the member for Brampton (Mr. Callahan) is here, I know he will want to stay and listen to this. I do not think he is, though.

First, I am pleased to participate in this debate and to support the concepts of the bill. I hope other members of this assembly from all parts of the province, including the governing party, will see fit to stand and support the principles of this bill and put themselves on the record. I presume they will do so during the course of this debate. It is an issue that has evoked discussion at various times from one end of the province to the other. I presume members of this assembly will want to comment on this important matter of great public interest.

Cela me fait grand plaisir de participer à ce débat au nom du Parti progressiste-conservateur et aussi comme député de Cochrane Sud. J'aimerais supporter le principe de ce projet de loi, que le ministre de l'Éducation a introduit et dont nous avons décidé de débattre aujourd'hui à la Législature de l'Ontario.

Les députés savent que je suis représentant du comté de Cochrane et de la circonscription de Cochrane Sud. Ils savent aussi que la majorité des gens du comté de Cochrane sont francophones et que la plupart des gens de Cochrane Sud sont francophones. Alors, ce projet de loi est très important, non seulement pour le député de Cochrane Sud mais aussi pour toutes les gens de Cochrane Sud.

Nous avons de l'éducation en langue française depuis quelques années à Cochrane Sud. Ce n'est pas une première étape. C'est un processus que nous avons commencé il y a 20 ans au comté de Cochrane et dans tous les autres comtés du Nord-Est de l'Ontario. Les députés savent aussi que nous avons dans le comté de Cochrane et dans la ville de Timmins l'école secondaire française la plus grande de l'Ontario, l'École secondaire Thériault.

Oui, c'est vrai, et les députés savent que c'est vrai. Elle a été établie par le gouvernement

progressiste-conservateur de l'Ontario avec le support du gouvernement de toutes les gens de l'Ontario. Ce n'est pas une première étape.

Interjections.

M. Pope: Non, non. Pas du tout, parce que la majorité des gens du conseil scolaire de Timmins sont francophones, non seulement ceux du conseil séparé mais aussi ceux du conseil public.

The Deputy Speaker: Order. Perhaps the member would speak directly to the chair.

Mr. Villeneuve: Are you listening?

The Deputy Speaker: Listening, if not comprehending.

Mr. Bernier: He is not saying a word. I did not think he understood.

M. Pope: Il y a beaucoup de questions que j'aimerais poser au ministre de l'Éducation de l'Ontario, l'homme de Renfrew Nord, au sujet des idées dans ce projet de loi. J'aimerais poser ces questions parce que c'est très important pour la population francophone à Timmins, à Iroquois Falls—le ministre connaît le problème à Iroquois Falls—et aussi à Black River-Matheson. Dans chaque municipalité de ma circonscription il y a des problèmes au sujet des droits des francophones et des droits des anglophones à l'éducation en langue française. J'espère que ce projet de loi va les résoudre.

C'est pour cette raison que j'ai décidé de supporter ce projet de loi, avec tout le Parti progressiste-conservateur de l'Ontario. Nous avons des questions que j'aimerais poser maintenant au ministre, s'il veut en finir avec ses conseils avec le député de Northumberland (M. Sheppard).

First of all, I want to indicate that from the point of view of my own riding of Cochrane South, it is not the first step with respect to francophone representation on boards of education; it is not the first step with respect to the establishment of a French-language-trustee presence in the education system; nor is it the first step in an Ontario-wide perspective in having some liaison, some relationship among various French-speaking trustees and French-language advisory committee members from across the province to discuss the important issues of French-language education that we face in many counties and in many districts across Ontario.

5:10 p.m.

It is not a first step. It is part of a process that has been evolving with the support of all three parties in this Legislature, support for French-language education that goes back to the 1960s, and in some parties before that, with respect to

the demand for an improvement. It goes back to debates that have been held in this Legislature not only on the issue of French-language education in this province but also on the role and the perception of Ontario in the national fabric.

Members of the third party, the Liberal Party and our party have all made an important contribution in an individual and a collective way to that evolution in Ontario. It is one we can be proud of and one that other provinces in this country are starting to recognize in more detail than they have done before.

I have some questions for the Minister of Education. I do not believe the quotes today that say he is a master of circumlocution. I know he is going to answer these questions.

Mr. Martel: He learned that from Bill Davis.

Mr. Pope: That is what they call him now. It is on the Canadian Press wire.

I do not believe the New Democratic Party critic who said the minister can talk a lot and say very little. I know the minister will answer the questions the members of the assembly put to him promptly, clearly and concisely.

Mr. Ramsay: Sean is cute too.

Mr. Pope: Who said that? That was not reported.

I do have some questions to pose to the minister. In fairness to him, in case he feels there is something untoward going on here, I think his advisers from the ministry will say that in the quieter moments of conference these same questions have been put in an earlier day and in another forum with respect to a project of this nature from a previous government.

These questions have to do with my own experience in my own riding and some of the points of view I listened to as I travelled across the province in other incarnations.

Mr. Martel: Name one.

Mr. Pope: Minister in charge of tree nurseries. How is that?

Mr. Breaght: In your chauffeur-driven Lada.

Mr. Pope: No, not in the north.

I note a save-and-except clause with respect to subsection 23(3) of the Charter of Rights and Freedoms. I am not saying this is unique. I will not quote extensively, but I will just briefly refer to it. Subsection 23(3) of the charter says:

"The right of citizens of Canada under subsections (1) and (2) to have their children receive primary and secondary school instruction in the language of the English or French linguistic minority population of a province

"(a) applies wherever in the province the number of children of citizens who have such a right is sufficient to warrant the provision to them out of public funds of minority-language instruction; and

"(b) includes, where the number of those children so warrants, the right to have them receive that instruction in minority-language educational facilities provided out of public funds."

There are two aspects to subsection 23(3). One is the language and one is the institution. It appears to me this government is putting in a notwithstanding clause with respect to this legislation that has arisen through the charter. I thought about this very carefully and I think saving and excepting a provision of the charter is the same as having a notwithstanding clause.

If that is the case, why are we doing it in this legislation when we would not do it in earlier legislation at the suggestion of some members of the Legislative Assembly? I believe it is a notwithstanding clause, which means the provisions of the charter do not apply.

I do not know from what end the minister or the government is coming in deleting or in saving and excepting subsection 23(3). Is it with respect to the facilities to be provided to francophones or is it so we do not get into an argument over the "numbers warrant" test for any court test. All I can say is if that is the case, if it is to avoid that test, then it really fits into the category of a notwithstanding clause. Again, I ask why the government did not do it for the separate school funding bill, when it is prepared to do it for this bill, and avoid some of the court confrontations based on a challenge to the charter.

I am not saying this is a unique provision the minister initiated. I am just asking for an explanation as to the comparison of the use of the notwithstanding clause and what is the real meaning of the save-and-except provision.

Second, very briefly—and I am going to be brief, mercifully—I want to say our community has a long history of improvement of French-language education. It goes right back to the establishment of schools in the old town of Timmins in the early part of this century and goes on up through the separate school system to the establishment of l'École secondaire Thériault, a very large public French-language secondary school—or one of the largest in Ontario, so I will not quarrel with the member for Sudbury East (Mr. Martel)—which now is assigned to the separate school board, I believe.

The history of our community in Timmins is one of accommodation; it is one of problems but also one of accomplishments. We have had problems, but it was the anglophone trustees of the Timmins Board of Education, responding to a clearly felt need in the community and a demand by our fellow residents in the town of Timmins and in the Porcupine Camp, who made the decision to establish l'École secondaire Thériault in the 1960s and pursued the matter with the then Minister of Education to a successful conclusion. They are the same trustees and boards of education who made sure the services provided in l'École secondaire Thériault, the staff and the administration met the needs of the francophone population as best we could.

Now we move beyond that, knowing the history of the separate panel system in the Timmins Board of Education, of which a certain Linda Fillion was a member for two years, and beyond the area of the French-language advisory committee, which was so successful in bringing the concerns of the francophone population of Timmins to the attention of the board over a number of years, into this new system. I hope that is the kind of progression the minister sees: a progression into this system.

I guess I have to ask the minister to contemplate administrative issues that will be of concern to the people in my riding. First, the minister will know this bill falls in the middle of the debate in Iroquois Falls with respect to a separate French-language entity. How will the decisions that have been made by past boards or by the present board with respect to this matter be impacted by this legislation?

Another consideration for the minister to think about in the circumstances of Iroquois Falls is as follows. Many residents of Iroquois Falls are in mixed marriages, anglophone and francophone husbands and wives. They wish to see their children have some French-language education and some English-language education. They wish their children to be truly and functionally bilingual in a town where the majority of people are either francophone or from a mixed marriage, or the product of a mixed marriage. In other words, there is a complete mixing of the two founding cultures and the two official languages in that community.

5:20 p.m.

Therefore, the school controversy is not reflected in a hard division between anglophone and francophone, because that does not exist within the population but relates to the aspira-

tions that some of them have concerning the education of their children.

How will this bill impact on what has been a rather difficult political situation for all parties to handle? All three parties had difficulty with this issue in 1985 and in 1981. The candidates for all three parties faced it, had trouble with it, tried to understand the complexities of it and tried to understand the local concerns and fears with respect to any of the options that might be considered. In that kind of situation, how will this legislation affect any possible conclusion that can be drawn?

I have some concerns about where we are heading with respect to the costs of administration. I said this about three months ago in another forum for another purpose but, in supporting the concept of French-language education, one of the issues that was constantly brought to our attention was the concern of citizens, francophone and anglophone, from all parts of the province, about whether we would have another complete administration. They were concerned about whether we would hire another director of education earning \$70,000 or \$80,000 a year plus benefits, another curriculum supervisor, another maintenance or building supervisor.

People wondered what the administrative structure would be and whether now is the time to put any concerns with respect to administrative structure or its growth into legislation, so we would have some rationalization of costs and administrative functions as well as of representation on linguistic and religious grounds in various panels and boards across the province. I think the two of them can be developed at the same time.

It appears to me, unless there is a clear signal from this minister in this law, there is an expectation we will try to make the system more efficient or have some amalgamation of administrative functions. However, we have not really taken a responsible step in dealing with the costs of education, about which we have all heard as well with respect to the separate school bill.

I have some concerns from an administrative point of view. For example, I think there are only two separate school trustees in the city of Timmins who are anglophone. The rest are francophone, duly elected. To the credit of the trustees on that board, their chairman this year is an anglophone. Last year it was a francophone. After the last election, there was only one anglophone representative.

What I am trying to say is, within the context of the separate school board of Timmins, there has never been a linguistic issue. We are talking

about a board that administers French-language primary schools and has some influence on the administration of l'École secondaire Thériault through the use of something called a separate panel, to which a certain Linda Fillion was elected in 1978 for a two-year term.

The majority if not all of the administrative staff in the separate board is francophone and there is a significant proportion on the Timmins Board of Education which is francophone, duly elected. The public has no concern they will not perform their functions the way they are expected to do, and they have done a good job. Furthermore, a significant number of administrative staff on the Timmins Board of Education is francophone.

What we really have in place in communities such as Timmins and many others across the province is a separate school administrative system and a public school system that do not distinguish on the basis of language with respect to job function or representation on elected bodies such as boards of education. We will now have this bill with the French-language section.

We then have to talk about the consequences on existing separate school boards. We have to talk about the consequences with respect to the public school board, the separate panel and the French-language advisory committee.

All of these are important parts of the process that give public education the quality it has in the communities of Cochrane South. They are needed not just for the francophones, they are needed for the anglophones, to round out the educational system and make sure French-language immersion is appropriately introduced, administered and available to the people of my home community and riding.

I have some concerns as to where the existing elected, appointed and administrative people and bodies will fit into the scheme of things after the introduction of this project, and what the consequences will be on the duality, French and English, of the public and separate school systems in the city of Timmins and the harmony that evokes in my home community.

I have some concern about children who come from mixed marriages such as my own son does. I have concerns as to what his rights as a future elector will be under this legislation. I have concerns about what my rights will be to vote, along with my wife, with respect to the affairs of the school system of which my son is a member. Having read the definitions, I am not sure I yet understand. I know the minister will explain all that to me.

These questions were posed to the ministry at an earlier date in other circumstances with respect to another bill. I do not think they are unique to my riding. I may be wrong, but I believe similar questions could be raised with respect to Timiskaming, not because there are problems and not because we do not support the bill, but because we have questions as to how it is going to work out and as to whether we are going to retain, in the public and separate school systems, the influence we think is necessary to promote both official languages in the school system in our communities, and to promote harmonious relationships among francophones, anglophones and those of other races and cultures.

It is the same in Iroquois Falls and Cochrane North. I know the member has spoken to the minister about that, although the problems of Cochrane North will be on the other side of the ledger with respect to anglophone representation and its rights and powers in the school system in Cochrane North.

These issues have to be dealt with even though they are not necessarily contained in the legislation, although they could be. They have to be talked about in specific detail so people will understand where we are headed, not only with respect to French-language education in the province, but also with respect to the education of everyone in the province and with respect to where both official languages of the country fit into the educational system.

I have a lot of concerns that I am sure the minister will hear about from the Timmins trustees, if he has not heard from them already, about the whole immersion system, as to where it fits in, what the rights of immersion students will be, what the rights of parents of immersion students will be, what their options will be, and what tests will be applied to allow entry into these education systems in the future and whether they conform with the Canadian Charter of Rights and Freedoms that is so important to us all.

I raise these issues and ask the minister for some response in the context that we are supporting the bill and that we think it is an important step on a long road that started many years ago and has involved many members of this assembly. We think these issues can be resolved up front if there is as much detail as possible from the minister's staff, who I know have had these questions put to them before.

If they can be resolved and explained up front, I think there will be a genuine willingness across this province, and certainly in northeastern

Ontario, to make the system work, to have a transition with as little difficulty as possible and with as few additional administrative costs as possible. That is a goal I know is shared by the minister, our party and the third party.

5:30 p.m.

In this Legislature, we have an obligation to do our part to lay all this out ahead of time and not to have to react to concerns that not enough information is available. I know the minister does not like to be in the position of reacting to announcements that have been made previously. I do not want to repeat the mistake that has been made in the past with respect to this bill. If there is a clear understanding, it is my view that although there will be some dissent, the vast majority of people will see it as necessary, see it as progress, for which they will get the benefit and the credit. They will also see it as a way in which we can do our part to bring this province and this country together.

NOTICE OF DISSATISFACTION

The Acting Speaker (Mr. Morin): Pursuant to standing order 28(b), the member for Brantford (Mr. Gillies) has given notice that he is dissatisfied with the answer to a question given by the Attorney General (Mr. Scott) concerning the sentence given to a sex offender. This matter will be debated at 10:30 p.m.

EDUCATION AMENDMENT ACT (continued)

Resuming consideration of Bill 75, An Act to amend the Education Act.

The Acting Speaker: The member for Nipigon.

M. Pouliot: Lake Nipigon, Monsieur le Président. Vous savez sans doute mieux que personne où c'est situé. C'est situé de l'autre côté du Lac Supérieur, mais vous m'avez présenté, vous l'avez fait gentiment quand même, en disant que j'étais le député de Nipigon, mais c'est Lake Nipigon.

Le président suppléant: Je m'excuse de mon erreur.

M. Pouliot: Je ne peux pas passer sous silence, en me levant pour parler peut-être pour une minute ou deux, le projet de loi 75 qui est maintenant en deuxième lecture et qui a été présenté cet après-midi, et puis de souligner—et ça je le fais tout simplement—de souligner l'audace, le courage de temps à autre, et le manque de courage aussi. J'essaie de choisir mes mots un peu méticuleusement, étant, comme à

peu près tout le monde, au courant de la gouvernance en ce qui a trait aux lois ou aux règles parlementaires.

Tout ça pour offrir comme prélude et pour vous dire simplement que le député de Cochrane Sud (M. Pope)—c'est moi qui dis simplement encore mon opinion—s'éloigne de la vérité quand il nous présente un parallèle ou une analogie. Mes collègues et moi avons un peu agonisé pour quelques secondes quand celui-ci nous déclarait il y a quelques minutes: "Ah bien, on n'avait pas besoin, ou à peu près pas, ou un peu moins besoin du projet de loi 75, parce que chez nous à Timmins, premièrement, nous avons la plus grande école secondaire, du point de vue du nombre, de l'Ontario." On ne l'a pas vérifié mais on le croit.

"Mais aussi en vertu ou en raison de la population chez nous, on a toujours eu une représentation française en ce qui concerne ma région, celle de Timmins." C'est le député de Cochrane Sud qui le dit, mais aussi en nous disant ceci, il nous dit autre chose, ou il a omis de nous dire qu'on n'avait aucune garantie, que c'était la représentation par accident de parcours; qu'un jour on aurait la représentation, parce que le citoyen, comme tous dans une démocratie allait voter, allait s'affranchir mais que demain peut-être nous ne l'aurions pas.

Le député nous disait, "Bien, chez nous, on n'avait à peu près pas besoin." Mais en toute conscience, on va se protéger et on va quand même vous faire plaisir, parce que nous aussi, d'après le gouvernement précédent, on s'en rapporte au premier projet de loi 160 qui, lui, a donné, à cause de sa rigidité, naissance dans la douleur au deuxième, qu'on appellera 28.

En passant, on avait demandé quand les deux projets de loi précédents concernant la gestion des écoles françaises, on avait demandé qu'on les présente, imaginez-vous, en français, tout aussi bien, en même temps qu'on le fait en anglais. Évidemment, on avait souligné que ce n'était pas fait. Je me réjouis qu'aujourd'hui le ministre l'a fait même si j'ai dû, parce que vous savez il faut être franc entre nous deux, soulever votre copie.

Je suis certain que vos aides qui sont assis en arrière que l'industrie du papier au Canada ça passe bien, on en a plusieurs copies du projet de loi en français. Imaginez-vous la difficulté, ça vous l'aviez reconnu aussi, la difficulté d'évoluer à partir d'un texte anglais quand on parle des droits des francophones ici. Est-ce que ça a du bon sens ça? Est-ce que c'est réciproque? Vous ne l'accepteriez pas. Nous non plus.

Maintenant on a quand même un texte anglais, un texte français aussi, c'est le début d'un temps nouveau. Enfin une représentation à peu près juste. Bien sûr j'aurais aimé qu'on annonce que le projet de loi prenne place à peu près en même temps que d'autres services aux francophones. J'aurais aimé qu'on ait une loi cadre, j'aurais aussi aimé qu'on ait la traduction simultanée, peut-être que ça viendra un jour, parce que vous savez on attend depuis longtemps. J'aurais aussi aimé, dans le même contexte, ou si non à peu près en même temps qu'on nous parle des services de la santé.

Nous sommes 500,000 à demander qu'un jour on nous ouvre la porte et qu'on nous donne les outils, la chance de vivre comme les autres. Pas plus que ça, mais pas moins que ça non plus. Espérons que ça viendra.

En ce qui concerne le projet de loi 75, je ne peux passer sous silence les efforts de tous ceux qui vous ont appuyé. J'en vois quelques-uns, on voit des têtes qui sortent un peu partout. Les longues heures de travail, les gens qui ont su mettre des idées sur le papier. Au début ça n'a pas été facile parce qu'on ne voulait pas offenser les autres. C'était complexe, c'était des textes difficiles. Il y avait plus d'exceptions qu'il n'y avait de règles, mais petit à petit ils y sont arrivés.

Je ne prendrai pas trop de votre temps parce qu'on me dit que d'autres conférenciers voudraient aussi parler à la Chambre en ce qui concerne le projet de loi 75. Nous sommes en faveur, il y a longtemps qu'on attendait. On vous fait confiance, on vous croit.

Il y a une chose qui m'agace un peu, qui me chatouille, c'est la gestion provisoire en attendant que tout se normalise avec l'élection municipale scolaire qui aura lieu en 1988, qui suivra son cours. Il y a une chose qui me taquine. Espérons que ça va bien fonctionner, qu'il n'y aura pas trop de chatouillements, d'accrochages, mais les assemblées de paroisse, il faut s'attendre à ce qu'il y en ait beaucoup. La démocratie va être servie mais elle va juste être servie.

Le ministre me dira bien sûr que c'est dans l'entretemps, que bientôt on aura la chance d'être comme les autres, aussi en ce qui concerne l'élection, ça aura lieu en même temps. Les gens auront le droit de s'affranchir, de choisir universellement. Mais en attendant, attendez-vous à quelques petits accrochages. C'est à peu près la seule erreur que l'on puisse découvrir, sur laquelle on puisse se pencher.

C'est un début, chez nous on croit que ça ne va pas assez loin. On n'ira pas jusqu'à dire que vous nous avez donné une gourde et que nous aurions

besoin ou que nous demandions un pleur. C'est l'abbé Pierre qui l'a dit. Dans ce contexte, ça va suffire.

En ce qui me concerne comme critique des droits aux francophones, des affaires francophones, des services aux francophones pour le Nouveau Parti démocratique, c'est un autre service. Bien sûr il y en aura plusieurs qui suivront. On remercie le ministre, nous appuyerons en deuxième lecture le projet de loi 75.

The Acting Speaker: The member for Stormont, Dundas, and Glengarry.

5:40 p.m.

M. Villeneuve: Il me fait aussi plaisir cet après-midi de prononcer quelques mots au sujet du projet de loi 75, que nous sommes en train de débattre cet après-midi. Tout comme mon collègue le député de Lake Nipigon (M. Pouliot), je trouve un peu sérieuse, un peu complexe la situation que le projet de loi 75 sur la gestion scolaire aux Ontariens d'expression française ne soit qu'en anglais ici.

Maintenant, mon collègue a souligné le fait que je crois qu'il en a une copie française. On n'en avait qu'une seule. Eh bien, je suis certain qu'avec un début comme celui-ci, espérons que la situation s'améliorera à mesure que le projet de loi deviendra un fait réel.

Consultation est quelque chose qui est très important. J'ai eu l'occasion de siéger dans la ville d'Ottawa au projet de loi 30 au courant de l'été dernier. J'ai eu aussi l'occasion d'écouter plusieurs présentations qui ont été faites au comité pour étudier le projet de loi 30. La consultation est devenue très importante.

Je trouve un peu étrange qu'en certaines situations quand le ministre mentionne en groupe mixte, où peut-être certaines gens qui sont présents ne sont pas en faveur du projet de loi 30—comme nous savons bien que nous en avons plusieurs dans la province de l'Ontario qui ne sont pas tellement en faveur du projet de loi 30—le ministre souligne que c'était le projet de loi de l'ancien gouvernement et de l'ancien premier ministre, l'honorable M. Davis.

Par contre, quand on parle de la gestion scolaire aux Ontariens d'expression française à un groupe principalement d'Ontariens d'expression française, le ministre accepte assez rapidement le crédit de tout ce qui se passe, incluant le projet de loi 75. N'oublions pas que l'ancien gouvernement avait son projet de loi 28, qui avait besoin, d'accord, qui avait besoin d'amélioration, qui avait besoin des amendements qui auraient probablement desservi la population d'expression française aussi bien que le projet de

loi 75, et je souligne, avec des changements et des améliorations.

Par contre, le projet de loi 28 a été mis de côté et a été remplacé par celui qu'on débat cet après-midi, le projet de loi 75. Je félicite le ministre pour avoir établi un conseil homogène de langue française pour la région d'Ottawa. Je crois que c'est quelque chose que nombre de nos Ontariens d'expression française avaient demandé depuis longtemps.

Je veux mentionner ici un nom, une grande championne des demandes d'un conseil homogène de langue française, Mlle Jeanine Séguin. Je veux la reconnaître ici cet après-midi. Elle a été l'une de plusieurs qui ont réellement encouragé la fondation d'un tel conseil. Espérons que ce ne sera pas seulement le premier mais que nous en aurons nombreux qui suivront ce premier conseil homogène.

Le projet de loi est froidement accueilli. Je lis dans l'un de nos journaux de l'Est ontarien, qui lit comme suit: "L'intention du gouvernement de l'Ontario d'accorder aux minorités francophones le droit de former un conseil scolaire à l'intérieur des structures déjà existantes a soulevé déceptions et interrogations dans Prescott-Russell."

Comme le ministre le sait, la situation dans la circonscription de Prescott-Russell en est une qui est entièrement différente de celle qui existe à peu près n'importe où ailleurs. Nous avons une situation où la population est en grande majorité, ou environ 75 pour cent, d'expression française. Alors, je demande au ministre de considérer cette région pour la possibilité d'un deuxième conseil homogène de langue française, qui pourrait peut-être inclure la région d'expression française dans la circonscription de Stormont, Dundas et Glengarry.

Je continue sur un éditorial qui provient du Carillon: "Je suis très déçu, a indiqué le président du conseil des écoles catholiques, Bernard Clavel," au sujet du projet de loi, qui n'inclut pas de conseil homogène pour la région de la circonscription de Prescott-Russell.

As members know, the riding of Prescott-Russell is a unique region in the province in that about 75 per cent—

Mr. Harris: A fine riding it is.

Mr. Villeneuve: A fine riding it is, represented by a fine gentleman, other than the fact he happens to sit on the wrong side of the House. However, that will be a discussion for another day. We do not normally discuss politics in this great chamber, do we?

The minister knows, and I appreciate the fact, that we did discuss the unique situation that exists

wall (Mr. Guindon), the member for Scarborough Centre (Mr. Davis) and myself. We know the minister has a rather difficult situation to face and it is a bit of a dilemma. However, I urge him to consider the inclusion of a homogeneous French-language school board for that region of Ontario as he did for the Ottawa-Carleton area with that one French-language homogeneous school board he now has in place. I must congratulate him. I think he did meet and satisfy the requirements and the requests of a large number of people who reside in that area and who speak French as their main language.

Un groupe de conseillers représentant le groupe linguistique minoritaire et un autre de majorité linguistique, les deux conseils gèreraient en commun dans certains secteurs, indépendamment dans d'autres. Alors, c'est toujours la situation à laquelle les gens de Prescott-Russell s'attendent.

Ce que nous devons éviter, toutefois, c'est la domination dans les débats du chauvinisme linguistique ou religieux. Je retourne à la situation qui a eu lieu à Ottawa quand nous avons siégé sur le projet de loi 30. J'ai eu l'occasion de questionner à certaines reprises des représentants qui nous donnaient leurs intentions au sujet du projet de loi 30.

Ma question était celle-ci: D'après vous, est-ce que les choses linguistiques ou les choses de religion sont plus importantes, l'une que l'autre, dans le projet de loi 30? J'ose suggérer que la majorité des réponses ont été que les choses linguistiques étaient plus importantes que les choses confessionnelles.

Comme les députés le savent, le projet de loi 30 était établi sur une situation confessionnelle et non linguistique. Alors, ce que nous devons éviter est le chauvinisme linguistique ou religieux. Il n'est pas nécessaire de répéter que les principaux conflits dans le monde présentement sont à leur base de nature religieuse. Il ne faut pas grand-chose pour faire déborder le vase déjà rempli d'incompréhension et de tension.

Le conseil des écoles catholiques de Prescott-Russell, comme je l'ai dit tout à l'heure, a un caractère tout à fait particulier. C'est la seule région en Ontario avec une grande majorité francophone et catholique. Si le gouvernement ontarien s'engage à respecter la planification conjointe des deux conseils scolaires locaux dans la mise sur pied d'un conseil scolaire français ayant un volet public et un volet catholique, et dans la mise sur pied d'une structure ou de services semblables et comparables, alors, le conseil des écoles catholiques de Prescott-

Russell maintiendrait les services qu'il offre au palier secondaire, tels qu'ils existent présentement pour ainsi mettre en place toute autre planification. Alors, je crois que cette région est prête pour son propre conseil homogène de langue française.

Les conseillers scolaires francophones élus en novembre 1985 pourront opter de devenir membres de ces nouveaux conseils jusqu'à la fin de leur mandat en 1988. En l'absence du nombre minimum de trois conseillers prévu aux termes du projet, des élections auront lieu de la même façon qu'elles ont lieu en ce moment pour les conseils consultatifs de langue française. Le ministre a précisé ces choses quand il a annoncé son nouveau projet de loi 75, que nous passons en débat cet après-midi.

5:50 p.m.

J'ai ici correspondance que je crois est très importante, correspondance qui provient de Mgr Joseph-Aurèle Plourde et qui a été envoyée au président du conseil d'éducation de Prescott-Russell. Cette correspondance se rapporte à certaines démonstrations qui ont été faites par un groupe d'élèves au mois de novembre dernier, une situation qui a créé beaucoup d'incompréhension, surtout dans le monde anglais, qui ne comprenait pas la situation existant dans la région de Vankleek Hill et Hawkesbury. Je cite de la correspondance de Mgr Plourde, adressée au président:

"Le conseil homogène: (a) Les francophones ont toujours été majoritaires dans Prescott-Russell, mais je suis fier de dire qu'ils ont toujours respecté les droits de la minorité anglophone. Il me semble donc malhonnête de prétendre que l'avènement d'un conseil homogène français changera cette louable tradition. Le respect des droits d'autrui relève d'une mentalité, d'une disposition de la volonté et du cœur qu'une structure scolaire nouvelle ne saurait changer.

"(b) De plus, il me semble qu'il eût été normal d'attendre de voir le projet de loi qui sera soumis aux discussions des citoyens par les autorités gouvernementales si elles songent à la mise sur pied d'un tel conseil pour Prescott-Russell, avant de prendre position. On y verra sûrement qu'un conseil homogène ne pourra pas chambarder tout le curriculum et qu'il y aura des sujets 'obligatoires,' dont l'anglais. D'ailleurs, à cause de l'influence des médias et de la majorité anglophone, bien des élèves parlent l'anglais entre eux, même dans des écoles françaises. La crainte que sous un conseil homogène les élèves n'apprennent pas l'anglais est sans fondement.

"Les manifestations des étudiants sonnent faux. Il est difficile de ne pas penser que ces jeunes n'étaient pas pleinement renseignés sur les enjeux en cause et qu'ils ont été utilisés pour d'autres raisons que celles qui ont été mises d'avant pour justifier un débrayage que seul votre conseil pouvait autoriser. L'avez-vous autorisé, Monsieur le Président?

"(c) Ensuite, les parents, qui sont les premiers responsables de l'éducation de leurs enfants, ont-ils donné leur accord à ces démonstrations? Si non, ne croyez-vous pas que leurs droits ont été lésés?

"(d) Enfin, l'on affirme que des directeurs et des enseignants ont tout fait pour influencer les jeunes dans le choix de l'école qu'ils entendent fréquenter dans l'avenir sans pour autant leur dire toute la vérité sur le sujet.

"Si cette rumeur est vraie, à mon avis cela constitue une atteinte grave à l'éthique professionnelle. Le devoir des enseignants est de dire la vérité, de renseigner objectivement les jeunes mais non de choisir l'école que fréquenteront les enfants qui ne sont pas les leurs. Ce sont les parents qui portent cette responsabilité."

Mgr Plourde continue au parachèvement et au projet de loi 30, qui dans le moment a terminé la deuxième lecture et attend une décision de la Cour suprême de l'Ontario.

In closing, it is a most important issue. Education is something that is not only very expensive in this province, but is something that is indeed the future of the generation that is currently attending school. What they will do in the future depends on how well they accept the

educational process and put it to work in their own lives.

Parents are in somewhat of a quandary right now in that we have heard so many things, particularly emanating from the hearings of the standing committee on social development on Bill 30. Many people are confused to a point where they have literally closed one of their ears to what they hear. They have heard many different points of view from people who have had axes to grind and people who have not, people who stand to benefit and people who fear any sort of change within the education system.

I believe Bill 75 is an excellent bill and it is a start. I know it can be improved and the minister will be monitoring in particular the new homogeneous French-language board he has established in the Ottawa-Carleton area. In the long run, and I sincerely appreciate the fact, French-speaking people will be masters in their own house. This is a most important situation and if, indeed, we were to try to teach the French language in English, it would take a tremendously long time to learn, if it would be possible to do so.

Therefore, I commend the minister for having brought this bill forth. I thank him for having given myself and our party some input and some thought in its formulation. If we can be of assistance at any time, please let him not hesitate to call on us.

On motion by Mr. Villeneuve, the debate was adjourned.

The House recessed at 6 p.m.

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No. 95

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First Session, 33rd Parliament

Tuesday, January 21, 1986

Evening Sitting

Speaker: Honourable H. A. Edighoffer

Clerk of the House: R. G. Lewis, QC



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LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday, January 21, 1986

The House resumed at 8 p.m.

HEALTH CARE ACCESSIBILITY ACT (continued)

Resuming the adjourned debate on the motion for second reading of Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

Mr. Villeneuve: It is nice to be able to return this evening to debate what is a most important issue and a bill that will alter and, unless it is changed, inevitably make the health delivery system in Ontario inferior to what it has been for the last 18 years or so.

I previously touched on a number of situations that covered areas in other jurisdictions, such as Europe, that have socialized medicine to a degree. Inevitably, the path on which this government and this minister are leading the province is not going to be good for the nine million people who live in Ontario.

I have a better knowledge of the eastern section of the province and I hope members do not mind if I refer to that region more than to the urban, western or northern parts of Ontario because I like to deal with the area I know best.

The act is misnamed when it is called the Health Care Accessibility Act. Unless changed, it should be called the conscription of the medical profession and the regimentation of the patient. That is what will occur unless this act is changed rather drastically.

In the riding I very proudly represent, Stormont, Dundas and Glengarry, in the far eastern reaches of this province, there are two hospitals, one at Winchester and one at Alexandria, both of which are underfunded. I have had occasion to speak on their behalf to attempt to obtain additional funding for projects that were very worth while, projects that have made these places of healing considerably better over the last number of years. However, funds are always limited and therefore we have to fight. We have to fight other ministries, such as Agriculture and Food, etc. The health delivery system is one of the most expensive ministries within this government.

The Macdonnell Memorial Hospital, which is one that traditionally has been underfunded, has come to me again recently. It is very short-staffed. It requires at least eight nurses or nurse's aides simply to meet the skeleton crew requirements it has been accustomed to having over the last number of years.

The Macdonnell Memorial Hospital is a chronic care hospital. It needs additional funding. The Hotel Dieu Hospital in Cornwall and Cornwall General Hospital could well use a considerable number of additional dollars on an annual basis. This government intends to use the Health Care Accessibility Act to camouflage the real needs of the health care delivery system in Ontario.

I have covered the health care system Britain used to enjoy and what it now has to live with. I also touched on the situation in Sweden, which leaves a great deal to be desired.

Mr. Philip: By most of the world.

Mr. Villeneuve: It leaves a great deal to be desired, as my friends on the left realized last night. I do not believe it had been drawn to their attention. I do not believe the picture had been focused.

Mr. Philip: Has the member been there?

Mr. Pope: Has that member been to Etobicoke General Hospital lately?

Mr. Villeneuve: I have been to many—

The Deputy Speaker: Order. The member for Etobicoke (Mr. Philip) is not in his seat. The member for Cochrane South (Mr. Pope) is upsetting the House. Will the member for Stormont, Dundas and Glengarry carry on?

Mr. Villeneuve: Thank you, Mr. Speaker. I would not like to proceed with an upset House. I have not been to Sweden, but I have been to many hospitals in Ontario and I have spoken to many of the people who benefit from the health delivery system we have in Ontario, which is next to none.

Mr. Pope: Etobicoke General.

Mr. Philip: You made a mess out of Etobicoke. It was not until I exposed the mess that you gave them extra money.

The Deputy Speaker: Order. The member for Etobicoke is disrupting the House. Carry on, please.

Mr. Villeneuve: Mr. Speaker, it has been a difficult day. The benches on this side were very vacant.

Mr. Breagh: We are walking out.

Mr. Villeneuve: We would not miss them. The benches on this side were vacant earlier today. We now are back discussing a situation that is very much a concern of every citizen in Ontario. I must bring these examples to the attention of the House because the party on the left seems to think that the direction in which it is taking the government of this province is the way the province wants to go. We will stand up and be counted and unless this bill changes, we are not going with this bill.

Mr. Philip: The same as happened on the last bill.

The Deputy Speaker: Order. If the member will address the chair, he will not be distracted by interruptions.

Mr. Villeneuve: Mr. Speaker, I know you have not distracted too many people lately and I thank you for that.

Interjections.

Mr. Villeneuve: That is unparliamentary.

In West Germany, 92 per cent of the population are covered by a public health care system. The exceptions are white-collar employees and executives. In the great country of West Germany, virtually all who are exempt have coverage with private health care plans that are equal to the public health care scheme. The eight per cent privately insured pay, in proportion to income, less than the mass covered by the public agency.

There are more doctors in West Germany. There are 21 per 10,000 persons compared to almost 18 in Canada, yet doctors' waiting rooms are crowded. There are 117 hospital beds for 10,000 compared to Canada's 54 per thousand. The annual hospital bill is \$11 billion for a population of 61 million.

8:10 p.m.

Hospitals operated by municipalities, universities and churches are almost all self-supporting from payment for patients from the insurance agencies, but some get subsidies from the local government or university owners. Fund-raising campaigns are unheard of.

We are speaking of the kind of situation in which the party on the left is leading the government of this province and the government is allowing itself to be led by the nose, unbelievable as it may seem.

Mr. Wildman: Is the member against 92 per cent of the population getting good health care?

Mr. Villeneuve: Ninety per cent of the people in this province are saying, do not change our health care system; we like what we have.

Turning to the United States, where 10 per cent of our best specialists will gravitate to shortly after Bill 94 is introduced. I go back to what I said last night when I adjourned the debate. In the city of Ottawa, we have Dr. Keon, one of the best heart specialists anywhere, bar none. I can recall just before Christmas there were photographs of Dr. Keon and probably six or eight of the heart transplant patients. One of them bears the name Villeneuve and that makes him all the better.

Mr. Philip: Dr. Keon is a urologist.

Mr. Villeneuve: Mr. Speaker, this man is making derogatory remarks about the best heart specialist we have in Canada.

Mr. Pope: He must be in charge of Etobicoke.

Mr. Villeneuve: Is the member in charge of anything in Etobicoke?

Mr. Philip: I am in charge of everything in Etobicoke.

The Deputy Speaker: Order. Will the member please address the chair?

Mr. Villeneuve: I am sorry. This stuff from the left is rather embarrassing and I know you do not like it, Mr. Speaker, but we have to bear with it. It is one of the burdens this government has to carry.

US health costs over the past 15 years have risen from six per cent of the gross national product to 9.5 per cent, a rise in expenditures from \$43 million to \$245 billion.

Interjections.

The Deputy Speaker: Order. The member for Cochrane South is disrupting the House. Will the member please discontinue?

Mr. Villeneuve: US costs have risen annually by 13.2 per cent while Canada's increases have been under 10 per cent. Hospital care accounts for about 40 per cent of the US total health bill, compared to 50.5 per cent in Ontario. Doctors' services add up to 18 per cent compared to 17 per cent in this province. Roughly 90 per cent of the population have some hospital insurance which they pay for themselves. Nevertheless, the New York Times has reported that half of all personal bankruptcies in the United States are as a result of catastrophic medical bills.

Mr. Wildman: That is what he wants in Ontario.

Mr. Pope: For example, in Bellwoods—

Mr. Villeneuve: For example, in Bellwoods they have a member who makes a lot of noise in this House and sometimes we wonder if he really knows what he is saying.

Mr. McClellan: I am the only one who is not disrupting the House.

Interjections.

Mr. Breagh: Now back to the gibberish.

Mr. Villeneuve: I always thought this was a serious place to come to; however, tonight I do not know what has happened.

Mr. McClellan: I do. The member is speaking.

Mr. Philip: His speech reminds me of the top of my desk.

Mr. Gillies: It reminds me of the member for Etobicoke's head.

Mr. Villeneuve: Getting back to this very serious business, on Wednesday, which is tomorrow, Cornwall medical doctors are to end free services. This concerns me tremendously because the city of Cornwall and the township of Cornwall, so well represented by my colleague the member for Cornwall (Mr. Guindon), and the riding of Stormont, Dundas and Glengarry, represented by yours truly, will be faced with a situation in which the Cornwall doctors decide to begin charging for a variety of services they normally provide free in order to protest the proposed Ontario legislation that will ban doctors from extra billing their patients.

The doctors have nothing to lose. The patients of this province, the nine million people who live here, are going to be the losers. This is what it is all about. The best health care system in the world is going to be torn apart limb from limb. We will be losing the best 10 per cent of our medical practitioners. They will be going to the United States.

Last night I quoted a situation where I took my son from the Osie Villeneuve arena a week ago Sunday.

Mr. Wildman: We heard about that last night.

Mr. Villeneuve: Right, my friend. The member for Algoma (Mr. Wildman) quoted an experience as well. The member is a late-blooming hockey player and suffered some late-blooming injuries. He was very well looked after by the medical system in Ontario and he does not deny that.

The patients of Ontario will wind up in lineups. They will not be able to have medical treatment on Saturday and Sunday or to see a

doctor of their choice after 5:30 in the evening. We are heading into a catastrophic situation in the delivery of medical service in the province.

My dad is 77 years old. On the Sunday between Christmas and New Year's Day, he was not at all well. I phoned the local doctor in Moose Creek, a great little town, where he lives. The doctor said to bring my father along as soon as possible. Within 10 minutes we were in his office on a Sunday night. The doctor's diagnosis was that it looked as if it could be a coronary. We had him in the Hotel Dieu Hospital in Cornwall within half an hour. The hospital knew he was coming and they were ready.

If Bill 94 comes into effect, this doctor will not even be prepared to answer his telephone on Sunday, let alone see a patient and have him admitted to hospital.

Hon. Mr. Van Horne: That is a very serious comment to make about your doctor.

8:20 p.m.

Mr. Villeneuve: The government is hoping doctors will use their medical ethics. It is putting doctors in a situation where, if they want to lean and bend their ethics, the government hopes they will not. This is what we are talking about and the people of Ontario had better realize it. We are not protecting the medical profession because doctors earn \$80,000 or \$90,000 a year. We are protecting the people who use the medical profession, our senior citizens, our young people, the people who have been in accidents.

This is a lot more important than the government wants to admit. They are using this as a camouflage to cover up some of the shortcomings they do not want to deal with in the health care delivery system. A 2.7 increase in doctors' incomes will cost \$50 million. Within 36 months we will have spent \$100 million plus to pay off the medical practitioners, the doctors of this province. I do not think this is fair.

I am winding down. Some people say this is an improvement to the health care system of this province. It is anything but an improvement. It is the beginning of the tearing apart of the health care system we have been privileged to enjoy over the past 18 or so years. I reiterate in closing that the title, the Health Care Accessibility Act, is a misnomer. I emphasize that it is the conscription of the medical profession and the regimentation of patients.

I thank the House for the opportunity to express my concerns and the concerns of the 50,000 residents in my riding.

Mr. Mackenzie: After hearing the last speaker, I do not think I have ever been prouder in my

life to be a New Democrat, and in clear contrast to the Conservatives on the issue of the public health care system we have in this country, to stand against extra billing while the Conservatives heap scorn on public health care plans around the world and stridently support two-price health care by supporting doctors' rights to extra bill.

That is exactly what we are talking about. We are talking about fairness, justice and the right of the people of Ontario to be entitled to coverage whatever their means. An injustice is being done, even to physicians, by the kind of presentation we just had.

Maggie Thatcher's best efforts in Britain, and the member made reference to it, will not remove the public health care system in that country, nor will we see it removed in any free country in the world that has established comprehensive public health care, because the people simply will not stand for it.

Let me also make it clear that some of the more strident voices in support of extra billing do no justice to their cause. The charge of state terrorism is fantastic. I could not believe I was hearing that in this House from a former cabinet minister when it came from the member for York Mills (Miss Stephenson).

I sat and read a letter in the past couple of days from a doctor in Kingston who I thought was a disgrace to his profession. I do not know how one can make statements such as these: that because the public wants extra billing, his patients no longer have any faith in him and how can he cover them; or that somehow if we bring in extra billing, democracy and freedom are dead. Is he saying that democracy and freedom are dead in almost every other province in this country where they have banned extra billing? My God, what a charge.

As I was driving here the other day in my car from Hamilton, I listened to an open-line phone-in show on one of the Hamilton stations. Dr. Myers, the head of the Ontario Medical Association, was asked whether the doctors were prepared to take strike action. He said, and the quote is close to exact because I called the station to make sure, "Well, no, they would have to go back to the members of their association because it is democratic unlike some unions."

The insults, the inferences and the statements are totally out of order. In looking at the issue, I picked up an article from the Toronto Star. I have the occasional difference with the Star, but I thought this was one of the most thoughtful and best articles I have seen in a long time. Perhaps I

can quote a little of it. It is from the Toronto Star of Tuesday, January 7, 1986, and was written by a Toronto physician. I suppose he is suspect to Tories because he happens to be a member of the Medical Reform Group of Ontario. It is by Michael H. Rachlis, a gentleman I do not know.

In that article he says:

"This month we have seen the resurrection of many myths that extra billing is a good thing for patients and the health care system. It is claimed that:

"It is the better doctors who extra bill because the Ontario health insurance plan fee schedule pays no bonus for experience or skill;

"These doctors spend more time with patients and no one has been denied access to care because of extra billing"—I am going to deal with a specific case of that in just a moment—"and

"Many of our best doctors will leave the province because they will lose their freedom to practise medicine as they see fit.

"What is the truth?

"There is no evidence that doctors who are opted out are more skilled than their colleagues. Few doctors are opted out in northern or eastern Ontario. Few general practitioners (4.6 per cent), paediatricians (2.4 per cent) and internists (3.9 per cent) are opted out. Opting out is concentrated in certain specialties: anaesthesia (58.3 per cent); psychiatry (27.6 per cent); obstetrics (33.8 per cent); surgical subspecialties (31.1 per cent); and geographic locations, particularly Toronto and the Golden Horseshoe. To say that better doctors opt out is to claim there are few good doctors in eastern Ontario or in general practice.

"The Ontario Medical Association itself is largely responsible for the OHIP fee schedule not rewarding skill. The OHIP schedule was adopted directly from the OMA schedule in 1971 and set at 90 per cent of its value (on the estimate that prior to medicare, 10 per cent of doctors' fees went uncollected). The OMA list of fees, which has existed since 1922, has never had a special bonus for experience or expertise. Officials within the Ministry of Health have said they would be prepared to consider any system of merit pay as long as the total bill for doctors' services did not increase."

There are a few more interesting things in this article.

"The evidence shows little difference in practice style between opted-in and opted-out doctors. Professors Alan Wolfson and Carolyn Tuohy of the University of Toronto conducted an exhaustive survey of opting out, which was published by the Ontario Economic Council in

1980. They found no difference between opted-in and opted-out practices in patient loads, hours of work or waiting time for appointments. There is no good evidence that, on average, opted-out doctors spend more time with their patients.

"There have indeed been patients who were hurt because of extra billing. Some opted-out doctors are considerate in their billing practices but there are some who extra bill everyone and expect the patient to ask for a reduction. A 1980 study by professors Chris Woodward and Greg Stoddart of McMaster University, for the Hall review, found serious problems with access to services because of extra billing. Nearly 20 per cent of respondents said they had reduced their own visits to physicians and nearly five per cent said they had not sought care for a sick child.

"There is little fear that doctors will flee Ontario if legislation is passed banning extra billing. All provinces except Alberta and New Brunswick already have such legislation. The United States has more doctors per capita than Canada and all the desirable practice locations are taken. An average doctor could find work in Texas but only west of the Pecos, not in Dallas or Houston. It is also unlikely many highly skilled specialists will leave. They could have left Ontario years ago and made at least as much as two or three times as much money in the US. They are no more likely to leave when the province bans extra billing. The US is rapidly becoming an unattractive place for those doctors who value their freedom of practice."

Incidentally, a doctor who opposes extra billing made such a remark to my leader when he visited the hospitals only last night. The doctor said his option to go there was not valid any more because he would not want to move to the US to practice.

8:30 p.m.

"In the United States, large corporations are taking over the practice of medicine and 30 per cent of the physicians are employees." They are employees of these large operations in the US. "They are sometimes told how many lab tests to order and when their patients should leave hospital. In Ontario, opted-in doctors have freedom to practise with almost no government involvement.

"Thus it is clear that there is a need for legislation banning extra billing and that neither doctors nor patients are likely to suffer from such a prohibition. Public opinion polls have consistently shown 70 to 80 per cent of Ontario residents oppose extra billing, and the Liberals and New Democrats garnered nearly two thirds

of the votes in the last provincial election with a ban on extra billing in their platforms.

"The Ontario Medical Association must realize that in a democratic society the interests of powerful minorities must be subordinated to the will of the majority. Physicians would do well to remember that they have been given a monopoly by government for the practice of medicine. They do not have to compete with the nurses, physiotherapists or others. The public provides their patients with insurance so they never have to worry if their patients can afford suggested treatment. The public provides them with hospitals and skilled staff to assist them to care for their patients. The public also pays over 95 per cent of the cost of physicians' training, which is estimated at well over \$100,000."

This was written by a doctor who practises here in Ontario.

"The rhetoric of the Ontario Medical Association and the Association of Independent Physicians damages their cause and reduces the credibility of all doctors.

"As a group of physicians, we appeal to the OMA to realize that extra billing will be ended and sit down and talk with the government. There is still much to negotiate in the legislation, including a fee-bargaining process that would be fair to the profession and to the public. With an end to extra billing, the medical profession should begin talks with the government, consumers and other health care workers to deal with the other problems of the health care system. If the OMA wants a respected seat at that table, they should act responsibly now."

I repeat once again, this is an article that was in the January 7 issue of the *Toronto Star*, and I think it tells the story much better than I can.

Let me also tell members about a personal case I dealt with. It is too bad the member for Cochrane South is not in here because he did help me on this. This is not an odd case; I have it on a fairly regular basis in my constituency. In the first week or two of the election campaign, a lady came to me who had never come to us before, I have reason to believe that is because she supported the party to my right, and she said to me: "I have got a problem. I hate going to a member. I have never asked for anything in my life. I am on a very limited income. I have got my little house," and it was up in the north end of my riding, "and I am trying to get by but, Mr. Mackenzie, my income from family benefits, because of a problem in terms of age to qualify further, is \$450 a month." There is also a child staying with her who is paying her \$100 a month.

She said, "That is my total income," and we checked it, \$550.

She had to have her jaw rebuilt, and she had gone to the only doctor her dentist wanted her to go to for this particular operation, and he told her the cost, over and above what was covered by the Ontario hospital insurance plan, was \$600; two operations at \$300 each. She said she could not afford it. The only concession she could get from that doctor was that he would accept the fee at \$100 a month. Members should try to take \$100 out of an income total of \$550. She had not been able to get anywhere with the issue on that, and she came to me.

I guess I was lucky. An election had been called only about 10 days earlier, so I got on the phone to the member for Cochrane South, who was then the Minister of Health, and I said to him, "Alan, you and I disagree totally on this issue of extra billing, but I have a case now that just stands out so clearly, outlining the problem we have in this province with this issue, that something simply has to be done." I gave him the details of the case, the woman's name and everything I had on it, and he said, "Leave it with me." I am not sure that would have happened, maybe I am being a little bit biased here, if we had not been into an election. He said, "Leave it with me," and sure enough, a couple of days later I got a call back. He said, "Go ahead with the arrangements," and they had to be made within about a two-week period, "it will be covered."

Alleluia, I got hold of my constituent. She was happy. The operation has been done. I do not know what actually went on in those phone calls, but I do know it was resolved by phoning the doctor. So we had to involve the minister and it had to come from a member to put pressure on the Minister of Health to get to that doctor to get that woman that kind of coverage.

There is no reason on earth for these kinds of restrictions on people in Ontario, and they do happen. That is why I am so damn proud to stand here tonight and say I believe in the banning of extra billing. It is one of the tenets of this party that we have to have one price, equality in the medicare system and that we cannot allow the two-price system we have in Ontario.

Even from the Tories I am appalled at the kind of rhetoric and the kind of defence I hear, the attacks generally on public health care right across the world, not just here, when one starts mentioning other countries that would not do away with that system. When I hear the hogwash and the crock we get from those people over this issue, I am glad to say I stand here and will stand

in public and will stand in front of doctors, if necessary, because most of them are not the way those people make them out to be. Most of them have at least some feeling for the case that is being put here by Dr. Rachlis.

On this issue I just love it. The more those people put their position forward the way they have, the prouder I am to be on the other side of the issue and to say that this is one issue I am very proud to stand on. I hope we pass this legislation as soon as possible.

Mr. Stevenson: I am very pleased to join in the discussion on this bill. I am going to direct most of my presentation towards the consumers, the patients, the users of the health care system in Ontario. Very little time will be spent actually talking about the positions of the doctors on this particular issue.

I will build a good bit of my case on a specific incident that is likely to happen in my riding if this particular bill is passed. I will point out very clearly to the minister, if he chooses to come back into the House, how accessibility to health care in the riding of Durham York will most certainly be affected.

Oh, the minister is here. Pardon me. He is just in a different chair.

It is good to ask the question, do we have a good health care system. In Ontario 80 per cent to 85 per cent of the people say yes. That sounds a little bit like a commercial that is currently on television talking about a particular aspirin product.

If we want to look at the situation as it has been in the recent past, we find that about 12 per cent of the doctors have opted out. The figures vary a little but, depending on what source one uses, somewhere between five per cent and seven per cent of the bills that come into the Ontario health insurance plan are extra billed. Clearly, many of the people in Ontario are not exposed to extra billing. Many of the opted-out doctors or specialists do not, by choice, extra bill some of their patients. In fact, I suspect that if one actually got the numbers out and did the calculation on the number of billings that certain doctors make and on the way those billings are made, one might find that some opted-out doctors actually save the system money.

8:40 p.m.

I have represented the riding of Durham York for almost five years. We checked the records today and, as far as we could tell, we have had only two complaints about extra billing in five years. One was from a person who had not been extra billed and who was complaining only about

the principle of the system. In the other situation a couple had in fact been extra billed, and that was before the time our current leader, the member for St. Andrew-St. Patrick (Mr. Grossman), brought in the request that patients be told before treatment that they would be extra billed by the physician, and before patients had an option to do something about it. There have been two statements of concern in five years.

To go quickly through the situation in my riding, in the Durham portion of Durham-York, virtually all, if not all, the general practitioners and most of the specialists are opted in. Of the municipalities in the riding, a few people in Brock use the hospital in Orillia, some use the hospital in Lindsay and others make use of Uxbridge and Port Perry hospitals, which are in the riding of Durham-York. The people who live in Uxbridge and Scugog generally use the hospitals in Port Perry and Uxbridge, and some of the people who live in the rural part of Pickering also use those hospitals.

In the York section, most of the general practitioners are opted in and it is possible they all are; I do not know of any exceptions, but there could be a few. Many of the residents of East Gwillimbury and Georgina use the Newmarket hospital. A number of specialists are opted out at the Newmarket hospital.

However, in five years of representing that area, there has been only one statement of concern from a person who had been extra billed. I refer primarily to the situation in Newmarket, although some of the transfers from Uxbridge and Port Perry to the bigger Toronto hospitals will be extra billed on occasion.

It is clear that the specialists involved are treating this issue with great sensitivity. They show consideration for those over 65, for those on welfare and for those who simply cannot afford the cost. With the specialists having that sensitivity, care and pride in their profession, the people in the area I represent have been extremely well served over many years and are justifiably proud of and very pleased with the health care system that exists in Ontario. A number of them are quite upset that we are now tampering with that valued system.

There has been no concern about the accessibility question in Durham-York; it is quite the opposite. If there is a question about accessibility, it refers to problems of underfunding. A good example of this has occurred in the Newmarket hospital where no elective surgery is being conducted this week because no beds are available.

Let us look for a minute at where this issue really comes from. We have looked at various polls. Some are official polls, some were taken by newspapers at election time, some are the polls various members have taken and so on. About 80 to 85 per cent in most of the polls say the health care system in Ontario is very good. Beyond that, if one asks their major concerns about the health care system and where they might choose to make improvements, they say certain hospitals could use more beds, certain hospitals could have additional equipment and certain cancer treatment centres could use some extra funding. Those are the sort of responses we get.

Very infrequently does one see the issues of opting out or extra billing raised independently by people who respond in these polls. If one asks people if opting out or extra billing is a concern to them, a fairly high number, 65 per cent or 70 per cent, will say yes. In a number of the polls, the issue of extra billing is somewhat a manufactured issue.

We just have to look back to the situation of the federal Liberal government prior to the last federal election when Monique Bégin brought this issue to the fore. She recognized the fact that if the issue was mentioned, many people responded positively to it. I guess many would suggest the issue was brought forward by Ms. Bégin to save the federal Liberal government. It did not work, but it was part of the confrontational tactics the Trudeau government used with such great success for so many years.

Why do we see it being raised now?

Mr. McClellan: It is because the Mulroney government passed it.

Mr. Stevenson: I will get to the federal Conservative situation and the cost in just a minute. If somebody would—

Interjections.

Mr. Speaker: Order.

Mr. Stevenson: Mr. Speaker, if you would just feed the seals over here, I will carry on and get to their concerns.

Mr. Foulds: It is better to be a trained seal than an untrained one.

Mr. Speaker: The member for Durham-York (Mr. Stevenson) is quite correct. Will the members please stop interrupting him and let him proceed?

Mr. Stevenson: Why the particular timing of this issue? Is it purely political or is it to honour some marriage contract that was made between the governing party and the New Democratic

Party in this province? I will very clearly show it is not being done to improve the health care system in the part of the province I represent, and most certainly it has not been introduced to increase the accessibility of health care in the great riding of Durham-York.

Interjections.

Mr. Speaker: Order.

Mr. Stevenson: If we were doing one of these polls and asked a few follow-up questions, I wonder how those being polled would respond to a slightly different approach to some of the questions.

First, I would draw to the members' attention the cost of the system. It is true the federal Conservative government in Ottawa is retaining certain transfer funds to provinces who are not ending extra billing. In Ontario's case, this is approximately \$50 million. That is a lot of money. It could be put to a number of uses in the health care system, but I point out that \$50 million is approximately half of one per cent of the total health care budget in Ontario.

Mr. McClellan: Yes, that is right; what is \$50 million to a Tory?

Hon. Mr. Wrye: What is \$50 million between friends?

Mr. Foulds: Keith Norton said that was too much to pay for northern medically necessary travel. He said that was too expensive.

Mr. Speaker: Order. The member for Port Arthur (Mr. Foulds), the member for Bellwoods (Mr. McClellan) and the member for Windsor-Sandwich (Mr. Wrye) will please stop interrupting the speaker.

8:50 p.m.

Mr. Stevenson: It is quite clear that to maintain the harmony of the Ontario health care system the government at some point or another will have to renegotiate with the physicians. One can ask what that renegotiation is likely to cost because, inevitably, it is going to happen. The best estimates of most people would be a minimum of \$100 million, possibly \$150 million.

It is quite clear that it is going to cost considerably more than the federal transfer payments that are currently held back. That difference in cost between the transfer payments and the increased cost of the extra renegotiation could provide a lot of hospital beds in Newmarket or some new equipment in Uxbridge or Port Perry.

The second question that I would like to have asked of some of the people consulted in polls

relates to the delivery of health care: will such a bill improve accessibility?

I want to read a brief letter from a doctor who is a consulting obstetrician in the Uxbridge Cottage Hospital.

"Dear Ross: Please find enclosed a letter which I am handing out to all my patients over the next few months while the proposed legislation is being debated at Queen's Park.

"As you may or may not know, I have served as a consultant at the Uxbridge Cottage Hospital since 1968 and have billed the Ontario Medical Association tariff on occasion, particularly for large surgical procedures when I have made special trips back to the Uxbridge hospital to care for these patients post-operatively. It simply would not be feasible to operate on them there and conduct proper post-operative care at the present OHIP tariff.

"You might be interested to know that if the proposed legislation is passed in its current form, I will certainly be resigning my post as consultant obstetrician at the Uxbridge Cottage Hospital and unless they can find a suitable replacement that will, in effect, close down the obstetrical department for anything but the most straightforward, routine deliveries. This will, in effect, mean that any complicated obstetrical cases will have to be transferred by ambulance either to Toronto or Oshawa. In other words, the legislation, rather than making free medical care equally acceptable to all, will, in effect, just do the opposite for certain members of the Uxbridge community."

That is a letter from Dr. William Dale.

I can assure members that the women of the Uxbridge area, who have relied so heavily on that sort of backup to the excellent general practitioners working in the Uxbridge area are upset about the possibility of losing Dr. Dale as a consulting obstetrician. I can say one thing for sure, they are not impressed with the minister's idea of increased accessibility. That is not what they had thought of as improved accessibility.

There is a second consideration. I can think of the case of a plastic surgeon who has been called out in the middle of the night to serve a person who has been brought in from an accident with a severely lacerated face. I wonder whether that plastic surgeon, who is currently opted out, will get up in the middle of the night to go and look after that accident victim under the OHIP tariff. I wonder whether the doctor on duty will do the service to that person. That is a very real question. I do not pretend to have the answer, but I can say that the stimulation and the pride of

working in the health care system will most certainly be diminished. We will see in time what the answer to that question will be.

I will also raise the case of a situation with obstetricians. Again, I quote from another letter, this time from an obstetrician. One part of it says: "More importantly, how may the proposed legislation affect you, the obstetrical patient? If the legislation passes, we obstetricians will likely choose to work in large groups, removing much of the personalized care you now receive. Conversely, many obstetricians may choose to act as consultants, coming into the picture only when problems arise."

The relationship between a patient and a doctor is a very special relationship for many patients, particularly if there is a severe illness or an important situation at hand. This special relationship, this special trust and confidence, is not greater in any situation than between an expectant mother and her general practitioner or obstetrician.

If there is a possibility of obstetricians working in groups and reducing the one-on-one relationship, if the special doctor-patient relationship between the expectant mother and the doctor disappears, it will most certainly reduce the care women get in this type of a setup. That, too, is not my vision of what improved accessibility is all about.

Up to this point I have dealt with the issue from the point of view of the consumer or the patient. I want to digress briefly on one point to indicate how this legislation appears to one of the many sincere professionals in my riding who takes great pride in his practice, and for that matter great pride in his contribution to the community and to society.

This is a letter to the minister from John Stewart, a doctor in Port Perry:

"Dear Mr. Elston: Recently, you have introduced legislation to regulate the amounts that persons may charge for rendering services under the OHIP benefit plan. Perhaps you would like to know my feelings as a grass-roots physician who does family practice and who does not belong to any specified political group. I suspect there are many others with similar feelings.

9 p.m.

"In 1902, my paternal grandfather began the practice of medicine in this province and in 1920 my maternal grandfather initiated his practice of medicine in Ontario. In 1940 and 1942 respectively, my father and my mother graduated in medicine. In 1972, I too became a physician in this province. I have two cousins currently

practising medicine and an aunt who graduated in medicine, an uncle who practised medicine and another aunt's father who was a medical colleague of my two grandfathers. There are others more distant, but these are the more immediate in my family who have chosen to follow the profession of Hippocrates. It is a long tradition and one of which I have been extremely proud.

"Members of my family have contributed much to their communities, both in medical and nonmedical fields. My grandfathers were both heavily involved in the building and beginning medical staff of the Toronto East General Hospital. My father was president of the Canadian Association of Medical Clinics and president of the Canadian section of the International College of Surgeons as well as chief of surgery at his hospital.

"I have served as chief of staff and president of our medical staff as well as being the founding president of the Big Brother Association in North Durham, the first president of the school PTA and president of the local community theatre, among other community and hospital committees. It should be emphasized perhaps that the time involved in these areas has been unpaid, freely donated time.

"For the past 12 years, I have practised medicine and have always billed OHIP directly. Over that period of time, I have seen the OHIP schedule of benefits become separate from the OMA schedule and gradually pay about 30 per cent less than my association's fee schedule. I have always felt that the OMA fee schedule represented the true value of my services but that by accepting the OHIP benefit, I was doing my part to contribute during economically difficult times in the province.

"Given this background, your proposed legislation has made me extremely angry and totally disillusioned. Your proposed legislation will essentially make our association fee schedule illegal. Obviously, you think that our services are worth 30 per cent less. Your legislation states that you 'may' enter into agreements to provide for methods of negotiating and determining the amounts payable. Our experience with the present contract has already proven that a signed contract for benefits may also be changed without agreement.

"In short, you are conscripting the medical profession. OHIP already limits the number of some services (e.g., complete physicals), and now your government will decide how much you will pay for each service. At the same time, you openly tell the consumer that the system is totally

accessible but place no responsibility on the health consumer for wise use of his or her health care visits. The physician will be trapped in the middle between totally open-ended access and limited, unilaterally decreed funding.

"In the past, I have always had the choice of opting out in order to provide sufficient quality time for my patients if the squeeze became too great. Now I fear the choice will be to provide mediocre, assembly-line medicine, to work longer hours for less pay or to cease to practise medicine in this province. I also fear that the majority will choose adequate, efficient medical care, with an ever-increasing referral pattern and further decentralized care.

"There will no longer be any place for a person with special skills nor any incentive to develop them. It will become like the bland but nutritious institutional meal—certainly able to sustain life but consumed only out of necessity and avoided whenever alternatives exist.

"Will the profession fight this legislation? I think yes, for I certainly will. It is a supreme insult to myself and my heritage. It is an immediate blow to the esteem of hardworking physicians across the province. It is a slow poison which will destroy the excellence which has been the norm for our medical care.

"I will not be conscripted in this matter without a fight; of that you can be sure."

It is signed "John Stewart, MD."

Here is a person who I know, as I stated earlier, is one of the very sincere professionals in my riding and an excellent doctor. Given that sort of attitude and concern for the direction in which the health care system is going, I really wonder how the quality of health care can be improved in this province. Is that really the kind of accessibility we are after with the introduction of this bill?

It is quite clear—and this is item 5 that I like to raise when doing some polling and asking opinions of people—that some people want to pay an extra amount of money to get extra time with their chosen doctor. They knowingly and willingly are prepared to pay something extra for an extra half-hour of time for the discussion of their situation.

This legislation is taking that choice away from those people. It is not just taking the choice away from the doctors; more important, it is taking the choice away from the residents of Ontario. The minister will certainly be aware that if one wants extra time with one's lawyer, one can pay some extra money and get that time. If one wants extra time from one's local carpenter, who may be doing some work on one's house, or

some extra time from the painter to do a little extra job on the place, then one can pay a little extra and get the sort of service one hopes to obtain.

Why is this option being taken away from the people of Ontario? Surely their health and their health care are of special concern to them. Why is the government taking that option away? Is this the sort of accessibility the people of Ontario are looking for?

If we wish to look at some of the things that could happen in this province if we bring in this legislation in an unaltered form, it was evident when the ban on extra billing came to Quebec that 287 doctors moved from Quebec to Ontario. I called a friend of mine in Quebec, and it is common knowledge that all sorts of cash is changing hands under the doctor's desk in Quebec.

One can call it tips or whatever one wants, but it is quite clear that this practice is going on in a very free manner. If anyone thinks this legislation or any laws against extra billing—we will not call it that; we will call it "special cash considerations"—will stop it, certainly one can think again.

Hon. Mr. Wrye: My goodness. That might even be illegal. We would not want that.

Mr. Stevenson: The minister is putting the professional people of this province in a position to be crooks.

Interjections.

The Acting Speaker: Order.

Mr. Stevenson: The people in the New Democratic Party will have their opportunity to speak and to put forward their dogma in just a minute. I will listen to their presentation and I trust they will extend the same courtesy to me.

The Acting Speaker: I would encourage you to ignore the interjections and address your remarks to the chair.

9:10 p.m.

Mr. Stevenson: It is also very clear that there will be an increased number of referrals; that goes almost without saying. There will be all sorts of behind-the-scenes consultations. I wonder whether that is the sort of medicine we want to see.

With any group of independent people—I do not care whether they are doctors or what they are—if someone comes along who is not their boss and says, "Thou shalt conduct your independent business in a certain way," it is human nature that there will be some reaction to that sort of heavy-handed activity. I cannot

believe there will not be some unfortunate reaction to this heavy-handed activity by the current government.

If some members think there have been two types of health care in the past, I can almost assure them there will be at least two types of health care in the future: one, intensive care and, two, do not care. I suggest this is the first step of the British medicare system. Some aspects of the British system are excellent. There are also some aspects of it that I am sure no one in the province wants to be associated with.

The British medicare system is 33 years old. It is a service for about 56 million people, who are entitled to full free health care. However, it is becoming clear that there are substantial waiting lists in the public system. We see many trade unions that traditionally were vehement opponents of the private medical system now negotiating in their settlements for coverage under private insurance plans and access to private doctors.

If such a thing as co-insurance were available in Canada to cover the cost of opted-out physicians, and if this co-insurance could be totally paid for at the expense of the employers, I wonder whether the New Democratic Party would be taking the same position on this bill. As I mentioned earlier, I suspect few of us want the British system in Canada.

In summary, I want to review a few items. I have indicated that this legislation will not improve the accessibility of high quality health care to the residents of Durham-York. I have given one very clear and specific example of how it will definitely reduce accessibility for the users of the system in Durham-York. That relates to the practice of obstetrics, an area where one would like to have high quality care as close to home as one can get it.

I have suggested the quality of service will decrease. Time will tell whether that occurs. It will be no surprise to me if, 10 years from now, our service has declined and if that is specifically related to the passage of this bill. I have stated there will be at least a two-tiered system and I suspect it will be a three-tiered health care system established in Ontario as a result of this legislation.

If the legislation is passed in the present form, the residents of Ontario will live to regret its passage. I say to the minister there is still time to pull back and negotiate with the doctors to see if there is not some other way of coming to an agreeable solution on part of the thrust of this

bill. There is still time to save the excellent health care system we have in this province.

The real answer to accessibility is more beds and more equipment in some of our hospitals. The passage of this bill will only aggravate that situation, because there will have to be renegotiations with the doctors, which will most certainly add extra costs to the system, and that money will not be going to beds and equipment.

I ask the minister to quit trying to manipulate the health care system and to quit playing with something that is so successful. Fine-tune it, yes; anybody would agree that from time to time there need to be some changes, and I would support some of the changes. However, the sort of confrontational politics the minister is practising is too dangerous for the high-calibre system we have in this province. Surely our health care system is too important for his present approach.

Mrs. Grier: I rise to join in this debate and to indicate my support for the legislation that is before us. I share with the member for Hamilton East (Mr. Mackenzie) his pride in the tradition and philosophy of my party and the fact that we are here tonight to support it, but I rise also with a certain sense of sadness.

I regret that this debate is necessary in 1986 in this great province. I regret that the matter before us could not have been resolved by reasonable discussion between reasonable people and has been brought to the stage of having to pass legislation. I regret also that while we are having this debate, one of the heroes of my party and one of the fathers of medicare, Tommy Douglas, lies gravely ill and that the battle he fought and thought he had won has to be fought again. Perhaps there is a lesson in that, a lesson that the battles for justice are never fully won and have to be refought time and time again, as long as the forces of reaction continue to exist.

What is also distressing are the terms in which this argument is being couched, extremist terms such as "totalitarianism" and statements that this legislation should emanate from behind the Iron Curtain. The leaders of the Ontario Medical Association do themselves no credit with the statements they have made, and their defenders in this House do themselves no credit either. What is being attempted is to strike fear into the hearts of those least able to protect themselves: the elderly, the disadvantaged and the poor.

Mr. Harris: That is crap.

Mrs. Grier: I resent the fact that those threats are being issued.

Mr. Harris: That is a pile of crap.

Mr. Mackenzie: She is right on.

Mr. Harris: That is the worst pile of crap I have heard since I have been here—terrible, terrible crap.

The Acting Speaker: Order.

Mr. Mackenzie: I guess it hurts.

Mr. McClellan: Why does the member not leave? If he does not know how to behave, why does he not leave?

The Acting Speaker: Order.

Mr. Wildman: Mr. Speaker, on a point of order: Is “crap” parliamentary?

The Acting Speaker: If you have a point of order, please stand up—

Mr. Wildman: The point of order is whether “crap” is parliamentary.

Mr. Cureatz: Mr. Speaker, if I can be of assistance on that point of order, my understanding of May’s parliamentary procedure—and I look to the member for Oshawa (Mr. Breagh) for some direction—is that if a particular word tends to incite members, it might be unparliamentary. I do not think it has incited any member at the moment; so I think the word is appropriate.

The Acting Speaker: Thank you for your ruling.

9:20 p.m.

Mrs. Grier: The only members who have been incited are those members who have been distributing the garbage. I sat here for two nights and listened to it.

Mr. Gregory: That really is crap.

Mrs. Grier: Perhaps the word that was used by the former minister is unparliamentary, but I will substitute “garbage” because that is what we have been treated to and what we have been hearing.

Mr. Harris: I think “crap” is a little more appropriate.

Mrs. Grier: I resent the fact that one segment of our population, one profession, the providers of one very essential service, can hold the rest of us to ransom by their threats. It has been very interesting that in the arguments around this legislation, the medical profession has restricted itself to high principles; freedom and their rights.

What we have heard from the speakers to my right tonight and last night has been reducing the issue to its very basic fact, money. When we have to be told that in order to get adequate time with a doctor, we must be prepared to put up more money, I am not quite sure what that does to the professionalism of the medical fraternity.

Mr. Gregory: When did the member last refuse a pay raise? Money is important.

Mrs. Grier: Money is very important. I do not think anyone in this province is denying any doctor his right to be adequately recompensed for the work he does.

What we are finding is a great element of hypocrisy in this debate. Today we heard the Leader of the Opposition (Mr. Grossman) suggesting there should be more bargaining with the doctors, with preconditions that have been laid down and are entirely unacceptable. I wonder whether the members of that same party would advocate the same kind of bargaining between other elements in society with the same preconditions laid down.

We have heard support to my right for the withdrawal or reduction of essential services. I seem to remember that same party advocating back-to-work legislation or denying the right to strike to a number of other essential services in our community.

If the system of medical insurance we have in this province is imperfect and requires alteration, I would remind members it is not a system that was designed by my party or by the party that is now the government. It was designed and put in place, with all its imperfections—the results of which we are now seeing—by members of the Conservative Party.

The threats that are being issued by the medical profession and its defenders are a threat to a very basic right, the right to freedom from fear of illness and the debt that might well provoke. Surely, as a society, we are able to offer people security from that fear in this day and age. I strongly suggest that all the opponents of this legislation, before they travel to a jurisdiction such as the United States where there is not that security from fear, make sure they are well covered by a private insurance plan. They do not want to risk the medical debts that might result if they became ill in that jurisdiction.

This whole debate and the fact we have to have this legislation points out the damage that has been caused by the monopoly in the provision of health care services, which has been attributed to the medical profession. This monopoly has contributed to the rising health care costs that are a concern to all of us. It has prevented other health care professionals such as midwives and nurse practitioners from participating as equal partners in the provision of health care to the people of this province. It might be called a closed shop in another context.

I was struck by a request I recently received for support of a project for a day treatment program for ex-psychiatric patients; an application for funding that had been submitted by a hospital. Because the ministry feels it is better if these projects are organized by a community board, to behold the application made room for one to be appointed. However, it was not in place to design the project or make the application. The community board was going to be created by the doctors at the hospital after the funding had been awarded. That seems to be the same as some of our major housing developers forming co-operatives to qualify for nonprofit mortgage funds. That is one of the results of the kind of monopolistic health care system we have created. We need alternatives within our present system.

My family and I receive our health care from a community health centre that was funded and supported by the previous government. The present Leader of the Opposition, when Minister of Health, paid great tribute to and advocated more such community health centres across this province. I was grateful as a member of the board of that centre at that time. I hope the principles he enunciated then will be recalled as he takes part in this debate.

We have in community health centres dedicated professionals, relieved of the pressure of counting patients, who have the freedom to be doctors and not entrepreneurs and who work co-operatively with social services and with the community in order to provide health care. What this debate teaches us is we need more of those kinds of alternatives within our province, more community-based health centres, so that those who perhaps do not want to be subjected to the kind of medical treatment we have heard described by my colleagues to the right can find somewhere else to go.

The health care system in this province faces many difficulties and problems, many issues that we would be better served to spend our time and our talents debating than the one before us tonight. We have a shortage of chronic care beds and a lack of mental health facilities. We have overcrowded hospitals and we have inadequate nursing home care, just to name a few of the problems. It is time we got on with passing this legislation and got down to addressing some of the really serious problems of health care in this province.

Mr. Cureatz: May I say how proud I am to have the opportunity to address this august chamber with regard to Bill 94 and how very

pleased I am that the Minister of Health (Mr. Elston) found it in his treasured time to spend these hours with all of us here. As all members can see, the chamber is overflowing with great anticipation for all the remarks and unrequired remarks that have been received from time to time during what I think is a most interesting debate.

I listened with great interest to my colleagues. The member for Oshawa was going to take last week—

Mr. Breagh: I want to hear this. This is going to the United Auto Workers.

Hon. Mr. Van Horne: In box-car letters.

Mr. Breagh: You bet.

The Acting Speaker (Mr. Morin): Order. I refer you to section 23(d) of the standing orders, which says, "When a member is speaking, no other member shall interrupt him except on a question of order."

Mr. Cureatz: I am very pleased the member for Oshawa pointed out the possibility of taking my transcript and forwarding it to the members of the UAW who, I might add, from time to time, have supported me.

The Acting Speaker: Order. Address your remarks to the chair.

Mr. Breagh: On a point of order, Mr. Speaker: He cannot make an allegation like that and get away with it.

Mr. Cureatz: In reference to the comments of the member for Oshawa about the possibility of taking my transcript, I know he will also include these few humble remarks. I want to make reference to this, because it falls within the ambit of Bill 94. As Mr. Speaker well recalls—

The Acting Speaker: Do not take too long.

Mr. Cureatz: —the member for Oshawa indicated the possibility of taking my transcript and forwarding it on. I know those transcripts will include my reference that it was reported last week in the Oshawa Times, colleagues of the chamber of this House, who the two highest-paid politicians in the whole region of Durham were.

Mr. Breagh: Eat your heart out.

9:30 p.m.

Mr. Cureatz: Guess who are the two highest-paid politicians in the whole region of Durham, including my august riding of Durham East, which I have the very humble privilege of representing, the riding of Durham West, which my colleague to the left represents, the riding of Durham-York and the riding of the member for Oshawa, in reference to all the city councillors of

the city of Oshawa, including the mayor, and in reference to the chairman of the region of Durham, and no doubt his car and expense account were taken into account.

Of all those people, I know that the member for Oshawa will take my transcript, and in that transcript will be recorded: Do you think it is a Conservative who is the highest-paid politician in the region of Durham?

Mr. Gregory: No.

Mr. Cureatz: That is right; it is not. Listen: Do you think it is a Liberal, like the chairman of the region of Durham, who is the highest-paid politician in Durham?

The Acting Speaker: Order. I fail to see that this has anything to do with Bill 94.

Mr. Cureatz: The member for Oshawa indicated he would take my reference to Bill 94, which, I remind members, is "An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act, the Hon. M. Elston, Minister of Health, first reading, second reading, third reading, royal assent, printed under authority of the Legislative Assembly by the Queen's Printer for Ontario."

The member for Oshawa was indicating that he would take my remarks on Bill 94 and forward them to members of the United Auto Workers. I was just saying that if he is going to make reference to my comments on the Ontario health insurance plan and on Bill 94, I know he would include my final comment on who the two highest-paid politicians in the region of Durham are: They are none other than, and the Minister of Health will find this very interesting, our own member for Oshawa and a gentleman by the name of Ed Broadbent. Have we heard of Ed Broadbent?

Mr. Breaugh: On a point of order, Mr. Speaker: After more than a decade of getting ripped off by two Tory members, we have just proved they are now getting good value for their money.

The Acting Speaker: That is not a point of order.

Mr. Cureatz: That is not going to wash. I give credit to the Oshawa Times and to its reporter for doing that evaluation. I found it most interesting. I know now that the member for Oshawa will be more than pleased to have the opportunity of sending my remarks about Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act. With that, I

know the member for Oshawa will allow me to continue.

Mr. Mackenzie: Sure; our guys appreciate talent.

Mr. Cureatz: It is very difficult when I hear comments from the third party. Of course, I am always intrigued by the member for Hamilton East. I can remember discussions like those on bills such as Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act. When I sat in the chair as Deputy Speaker—

The Acting Speaker: Therefore, you should know.

Mr. Cureatz: —from time to time, I would listen with great interest to the member for Hamilton East. Indeed, when he spoke to legislation like Bill 94, I had no trouble hearing him. In fact, on a particular occasion during question period, when he probably wanted to focus on particular pieces of legislation like Bill 94, he came gallantly into these chambers dressed in—do members think it was a tuxedo?

Mr. Gregory: I do not think so.

Mr. Cureatz: No, it was not a tuxedo. Mr. Speaker, do you think in regard to his discussion of bills such as Bill 94 that he was dressed in a suit? Do you think it was a suit?

Mr. Gregory: No, I do not think so.

Mr. Cureatz: That is right; it was not a suit. He was dressed in a Santa Claus outfit. He brought his particular point to focus very much indeed. In my learned wisdom, in my position as Deputy Speaker, the only reprimand I gave him in regard to his bringing focus to particular pieces of legislation like Bill 94 was that he should remove his hat, because no member is allowed to wear a hat in the chamber.

I want to bring to the minister's attention the real issue in regard to this legislation. I am worried that the Liberals do not have a continued commitment to the kind of health care system with which we have all become familiar in Ontario.

Mr. Van Horne: Wrong again.

Mr. Cureatz: I know the member for London North (Mr. Van Horne) is very interested in Bill 94. Indeed, I can remember his interest in a trip to Florida that he and I took in a February month. We all had a royal time. I say to the member for London North that this legislation will be a little more severe in terms of its impact on all of us in Ontario than was a particular investigative

committee looking at automobile insurance in Florida.

Mr. Van Horne: Or certain land transactions.

Mr. Cureatz: That is exactly right.

Mr. Van Horne: The ice on which was a little thin.

Mr. Cureatz: I remind the member that he is doing the interjecting.

I wonder whether the Liberals realize that they are tampering with things with this legislation. It is probably going to be the thin edge of the wedge. Where does this legislation come from? I bring everyone's attention to the Toronto Sun of Wednesday, May 29, 1985; signed, sealed and delivered. Is that not a great picture? That was the seed for the legislation we see here this evening.

Mr. Breagh: He finally figured it out; I did not think this would happen.

Mr. McClellan: It took him a long time, but it finally happened.

Mr. Foulds: Give him a pencil and a piece of paper.

Mr. Cureatz: I remind the members of the third party that this is where the seed began. Since they allowed the Liberals to form the government, I want to quote to them in regard to what the seed for this legislation, Bill 94, started from. It started from a particular minister, the Attorney General (Mr. Scott), who said: "We, the Liberal Party, should go now to the people while we are ahead in the polls. We should take advantage of the situation and the dire straits of both opposition parties."

I want to remind the third party of this unholy alliance. Maybe it should not be so proud of this wonderful picture in the Toronto Sun where the seed of Bill 94 took its form.

Of course, we all have to refresh our memories by looking at "An Agreement for a Reform Minority Parliament." Having some familiarity with the rules, I will not read at great length all the particular items that the Liberal and New Democratic parties agreed to, but I will make reference to the particular section—

Mr. McClellan: Is that an autographed copy?

Mr. Cureatz: No, it is not, as a matter of fact. I wonder whether the honourable member would provide me with one. I would treasure it for ever.

We have to proceed to—let us count the pages; one, two—there is a lot in this agreement. We are in for lots of fun if the Attorney General is wrong and they do not go to the people this spring. Lo and behold, here is "Document 2: Proposals for Action in First Session from Common Campaign

Proposals, to be Implemented Within a Framework of Fiscal Responsibility." What, no doubt, is that page all about?

Their leader signed this particular document. It says: "Begin implementation of separate school funding." That has started. Not to worry, Mr. Speaker, I am making my way down to Bill 94. It plays an integral part of this famed document that was signed, sealed and delivered by David Rae and Bob Peterson.

"Release present draft legislation immediately. Introduce legislation upon a Liberal government meeting the Legislature and refer to committee for public hearings.

"Introduce programs to create employment and training opportunities for young people."

Do we hear the drum roll? "Ban extra billing by medical doctors."

9:40 p.m.

From Wednesday, May 29, 1985, to January 21, 1986, the first seed of Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act has come to fruition.

I want to take members on a little tour of some of the comments that have been made on Bill 94. I listened with great interest to my colleague the member for Durham-York speak of the concerns he has had in his riding and, with due respect to all colleagues of this chamber, I have listened to comments and concerns on various aspects of the legislation.

Now that I have an opportunity, I think it is incumbent upon me to bring to this chamber's attention what the infamous Newcastle Reporter had to say about its inquiries into Bill 94: "Physicians say principles at stake in opting out ban." This is from the eastern part of my riding of Durham East, taking in communities such as Orono, the village of Newcastle, Crooked Creek, Newtonville, Starkville, Kirby, and Kendal, communities where there are people who are patients and where a community paper such as this reflects those people's concerns.

"Extra billing has less to do with dollars and cents than it does with physicians' rights..."—there were two doctors interviewed this week by the Newcastle Reporter. "Legislation to curb extra billing is 'the thin edge of the wedge,' Durham Medical Society president Dr. Joan Atkinson said Monday.

"Dr. Atkinson predicted other professionals will experience similar government-imposed controls if the province is allowed to implement the changes."—in regard to Bill 94.

"Few, if any, physicians in Durham region will be affected monetarily. Instead, the losers will be patients, especially the elderly, who are already faced with an underfunded health system. Dr. Atkinson predicted extra billing legislation will soon be followed by austerity measures within the Ontario health insurance plan itself.

The Liberal government introduced legislation last month in regard to Bill 94. As we all know, and as was reported correctly in the Newcastle Reporter, the legislation has been unanimously supported by members of the third party.

"According to Dr. Paul Hoy,"—a noted prominent Liberal in the town of Bowmanville—"chief of the medical staff at Memorial Hospital in Bowmanville, the legislation threatens doctors' professional freedoms and signals 'repression in the future.'

"Both he and Dr. Atkinson say they can see a future when Ontario physicians will be told how and where to practise.

"In Quebec, there is a negative incentive for newly graduated physicians to serve in underserved areas,' Dr. Hoy said. Those who refuse have their fees cut by 50 per cent. By contrast, the Ontario system currently provides a positive incentive for physicians to practise in outlying areas."

I believe this is one aspect not many members have touched on in regard to Bill 94.

"Quebec doctors who opt out are also required to collect the entire fee directly from their patients, he added.

"The outcome in Ontario could be 'privatization' of the health profession, as has happened in Britain.... 'Some of the best people may find they are not adequately recompensed and will turn to another forum.' Private medicine is 'thriving' in Britain today...."

"In Ontario I felt we have a good balance....' The system provides universality of service and physicians enjoy 'reasonable satisfaction.'

"Dr. Atkinson agreed. 'It's not my experience that any patient have been unable to receive treatment because they could not pay the Ontario Medical Association fee,' she said."

I earlier indicated these are some of the thoughts and concerns from constituents reflected in the Newcastle Reporter, which in part is represented by the eastern end of my riding of Durham East.

"Most patients who consult an opted-out physician do so with full knowledge that they will be paying more than the OHIP rate, Dr. Atkinson said. She said she makes every effort to ensure her patients are aware of the added cost

when she refers them to an opted-out physician. She admitted there could be circumstances where patients, or those responsible for their care, might overlook the fact. 'I would be very surprised if the fee was not waived in these cases,' she said.

"Medicare was a physician-conceived plan.... What began as a scheme to insure hospital treatment"—I know the Minister of Health is taking careful note of these comments—"has become a system that allows patients to consult doctors for sore a throat. 'I feel it is appropriate to protect oneself against commonplaces'.... protection is provided by the right of doctors to opt out of the system.

"Dr. Atkinson sees the root of the problem embedded in the modern North American perception of health care.

"They (government) have made it (OHIP) an open-ended system not because there are so many doctors but because there are so many patients,' she said. 'I do not want to hammer away at senior citizens, but we do have an ageing population.'

"Technology has provided us with improved treatments, medically and surgically she said. The result is a public expectation of health care entirely devoid of pain. 'I do not blame people,' she said, 'but you have to realize that we live in an age where they want tendonitis cured so that they can get away for a ski weekend.'

"Fortitude is not a common characteristic; nor is delayed gratification,' she said.

"Dr. Hoy said he would prefer to see the government moving to correct abuses of the medicare system by means of 'fine tuning.'

"The OMA and most of its members feel there are significant issues, apart from money, involved in the issue of opting out, he said."

Far be it from me to bore you at great length but I have always found it of great interest that when our own Minister of Health has been asked questions pertaining to this area he has indicated he is willing to negotiate in regard to the fine-tuning. Indeed, looking into my crystal ball, I have a feeling that if the minister followed that method as opposed to this method, there would be less resistance to what is taking place this evening in the chamber.

To the member for Wentworth North (Mr. Ward), whom we all know, I say that the member for Fort William (Mr. Hennessy) should be in the cabinet. I am pleased he is sitting in the second row getting used to the chair. I remind him we are all waiting expectantly for the next shuffle to take

place. However, there is a long row in front of him.

9:50 p.m.

Looking into that crystal ball with regard to Bill 94, I can only say that no doubt after the great, tumultuous debate that will take place and after great ramifications across the province about what the doctors have indicated they will do, and on the possibility of this legislation passing, notwithstanding the fact that I and my colleagues will be voting against it, the minister will inevitably have to turn back to the fine-tuning aspect of the legislation.

As he drives in that chauffeur-driven limousine with the yellow lights on the front—and, as the Treasurer (Mr. Nixon) indicated when he was House leader for the opposition not such a long time ago, always worrying that the yellow lights will zap someone—when he is making his way back to the riding of Huron-Bruce, where no doubt the people respect him because he is returned regularly to these august chambers, he will be wondering: “Did I do the right thing? Did I have to come forward with Bill 94 and live up to the accord that was signed back on Wednesday, May 29, 1985? Did I have to cause rift and strife in Ontario, or could I have circumvented all those problems by first looking at the fine-tuning aspects of the bill?”

If he looks, with those solemn, doe-like eyes, I know he will be quaking. As a former colleague of ours used to say, “Heart of hearts, that I speak some grain of truth.” Yet he laughs and smiles and makes interjections even though he is not in his seat.

I remind him that already we have seen the first measure of discontent in the Liberal Party. I bring to members’ attention what the member for Humber (Mr. Henderson) had to say today in regard to this. What was it he called Bill 94? I ask the Minister of Education (Mr. Conway). He called it a draconian piece of legislation. I love that word.

I remind the eminent cabinet ministers who are gleefully making their way back to these chambers, making notes of my remarks and thinking of the possibility that I might not be correct, that instead of this kind of forcefulness in regard to Bill 94, fine-tuning of the legislation would be more in order.

One would have thought the Minister of Education would have learned his lesson after taking an eight-month hiatus on a world trip that took him to China. I can only think that is where he got these preposterous notions in regard to this kind of—what was it the member for Humber

said? It is interesting, as an aside, how the riding of Humber always produces most interesting colleagues of ours in these chambers. Who was the last one? Morley Kells, who was Minister of the Environment.

That brings me to another interesting point. I am surprised that the Minister of Education, having traversed this planet, would support this kind of legislation. I would have thought that he would know better. I can forgive the Minister of Health; after all, he is in dire straits. Made a member of cabinet, a fledgling lawyer from the Bruce Peninsula, he newly accepted his Queen’s counsel appointment only to tear it up in the face of the draconian four who really run this government.

Mr. Hennessy: The four horsemen.

Mr. Cureatz: As the member for Fort William has indicated, are the four horseman the real authors of this act regulating the amount that persons may charge for rendering services that are insured under the Health Insurance Act? Is it the Minister of Education, the humble little boy from the Ottawa Valley? Where could he have come up with such a preposterous or, as the member for Humber says, draconian piece of legislation? Or was it the Minister of Labour (Mr. Wrye) who came forward with this legislation? Is he the real author?

Sometimes I wonder who the real government is when we see legislation like Bill 94, because upon occasion when I am making my weary way along Wellesley Street West, at the windy corner of Bay and Wellesley, whom do I happen upon? None other than our Minister of Labour and one Clifford Pilkey. That name might ring with familiarity among all of us here this evening. Maybe it is really Clifford Pilkey who has come up with this draconian legislation. I want to remind the Minister of Labour, if I were him I would not listen to Mr. Pilkey all the time, as great a politician and as great a leader in the labour movement as he is, not only in Ontario but Canada, and indeed as great at fostering children—Allan Pilkey is the very resourceful and successful mayor of Oshawa.

If the Minister of Labour is not the author of Bill 94 and Cliff Pilkey is not, I wonder if the buck stops with none other than the Premier (Mr. Peterson).

Interjection.

Mr. Cureatz: I have to remind the member for Fort William that our colleague the esteemed, flamboyant member for Grey-Bruce (Mr. Sargent) is not the Premier of Ontario, but with his support of Bill 94 he is well in line for an

upcoming cabinet post which he will no doubt successfully fill.

I would like to bring to the members' attention my concerns about who the real authors are; the hidden agenda with regard to Bill 94. We saw the Minister of Housing (Mr. Curling) come forward with a great deal of legislation regarding landlords and tenants, but there was and still is a suspicion there is a hidden agenda in that legislation. Maybe there is a hidden agenda in terms of the authors.

Was the author of Bill 94 none other than Hershell Ezrin? People say, "Who is Hershell Ezrin?" It is important that members of the chamber realize some of the players around the Premier. I have a suspicion Mr. Ezrin may be the author of Bill 94. He is 39 years of age and became the Premier's chief of staff in April 1982. He was a member of the team that negotiated the historic accord with the New Democrats last year that brought the Liberals to power. A man with that kind of authority from the Premier must have some input with regard to Bill 94.

Let us look at Mr. Ezrin's background to see if he did have input in Bill 94. He was born in Toronto. That does not necessarily require a gold star.

Mr. Speaker: I am listening carefully and trying to tie this in.

Mr. Cureatz: With great interest, Mr. Speaker, you will see how his background was no doubt determinative in his being one of the true authors of Bill 94, to refresh members' memory, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

He has a master's degree from Carleton University, where his graduate work focused on developments within the Progressive Conservative Party of Canada. He is a former president of the University of Toronto Liberal Club. Probably that is where he first got the seeds of thinking about legislation such as Bill 94.

In 1969, he joined the Department of External Affairs in Ottawa and subsequently became Canadian consul in both New York and Los Angeles. No doubt his world travels allowed him the opportunity of looking at other health systems. One would think a person of his qualifications and in-depth knowledge would know better than to be one of the authors of Bill 94.

10 p.m.

In 1981, he served as executive director of the Canadian Unity Information Office—what a great success that was under the Trudeau

administration—and as a member of the federal-provincial relations office of the federal cabinet. He worked on the repatriation of the Canadian Constitution. Indeed, bringing our Constitution home is a feather in his cap, but one would think he would have learned from those negotiations something about Bill 94, because I bring to his attention that the member for Humber indicated that this legislation is draconian and oppressive.

One would think Hershell, who was deeply involved in the Constitution for our country, would know better than to bring draconian and oppressive legislation into Ontario. He should have thought of what he did in such fine accomplishments as the negotiations to bring our Constitution home.

The Minister of Education says, "Do not take Hershell so seriously." I can say with confidence to the Minister of Education that Hershell had a little bit to do with Bill 94, but he smiles and, as I look behind those rose-coloured glasses, he says the real author probably, maybe, was Gordon Ashworth, the real person behind the hidden agenda.

We should take a look at his attributes, because they will give us an insight into where the real people are in terms of writing Bill 94, this draconian legislation, as the member for Humber indicated. Ashworth is the link between the Premier and the federal Liberals, including senior advisers like Senator Keith Davey and Jerry Grafstein. Now the plan unfolds.

Mr. Gregory: Not that same old gang.

Mr. Cureatz: That same old gang from Ottawa has found its way down the Ottawa Valley to Highway 401. I wish the Minister of Transportation and Communications (Mr. Fulton) were here. I would remind him of the bumps in the road.

Mr. Speaker: Order. The member is really straying now.

Mr. Cureatz: With regard to Bill 94, I want to tell you, Mr. Speaker, that I am this far away from admonishing you about what happened in question period today. I have had the opportunity of serving in that chair, and in listening to legislation like Bill 94, I always had time for the opposition. Indeed, I was criticized, and we can all name former cabinet colleagues who were critical of me, for taking time for the opposition.

I want to remind the Speaker in my discussion of Bill 94 that this time for raising discussion and concerns in regard to legislation such as this and the time of question period are the only place where opposition members have the opportunity to express their concerns and frustrations, as they

arise under Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

I know the Speaker is greatly concerned about allowing opposition members an opportunity to have their say because, after all, the government has brought in Bill 94. It is running the province. We do not have the newspaper, radio or television coverage to focus continually our concerns about this draconian legislation, as the member for Humber has indicated. We have only this forum, the forum to which we have all been duly elected and where we have the responsibility of representing our ridings.

Was Gordon Ashworth the real author of Bill 94? I say that without a doubt Hershell Ezrin had some input. He is a person who should have known better because of his negotiations over the Constitution. He should have thought of negotiations with the medical profession, not of pitting government against profession, patient against politician, patient against doctor and politician against politician.

I feel very confident, as I have already indicated to the Minister of Education, that if he and the gang of four had taken a more, if one will excuse the word, liberal approach to Bill 94, that would have allowed an opportunity not for confrontation with the Minister of Health but for negotiation. That is what concerns me.

Mr. Philip: If this is this a term paper, it is worth only a C minus

Mr. Cureatz: It is getting late in the evening. I see I am going to be provoked by the member for Etobicoke. With Bill 94 now in front of us, I am not surprised he should show some frustration. Under the last minority government he had a very powerful position as chairman of a committee, and I might say he did a fine job in running that committee and asking for Speaker's warrants. No doubt he is feeling a degree of frustration with regard to Bill 94 in not being able to flex his muscles as in the old days. That is why he is a little concerned about my comments.

Mr. D. S. Cooke: The member should sit down.

Mr. Cureatz: I can only say to the member for Windsor-Riverside (Mr. D. S. Cooke) that I know his support for Bill 94 is in recognition of the signed coalition agreement of which I have a copy. I have been assured I will get an autographed copy from the member for York South (Mr. Rae) and the Premier.

Notwithstanding the member's support for the Liberal government, I can say sincerely that in

my past experience, which includes the opportunity of running this chamber, I am more than pleased he has returned to support Bill 94 along with his Liberal colleagues, as opposed to a particular baseball player who had the opportunity of trying to unseat him. However, I digress.

I want to bring to the attention of the chamber some other aspects of my community with regard to Bill 94. I want to bring to the members' attention a paper that is well respected in our community. I am sorry the member for Oshawa saw fit to leave and not to listen to my remarks. The Oshawa Times, a prominent paper, on Saturday, December 21, indicated with regard to Bill 94, "Extra Billing Ban 'An Act of Violence.'" Under that headline it said, "MDs vow a court battle."

We are talking about the city of Oshawa, of which I represent a good portion. As the member for Oshawa so rightly indicated, it is a fairly active labour community. Yet we have this paper, in the full knowledge of the labour orientation of our citizens in that fine city, using a headline to grab the attention of my constituents, many of whom are labour people, to Bill 94.

The Oshawa Times said: "Calling Ontario's plan to ban extra billing 'an act of violence against doctors,'.... association president Dr. Earl Myers, told a news conference Friday he won't know what legal strategies his 17,000-member group will use until the final wording of the bill has been determined.

"But there is no doubt we are going to take this act to court," Myers said."

That was expressed in the Oshawa Times to grab the attention of the people of Oshawa, a highly unionized city, and to focus their concerns and cast their minds upon the confrontation this Liberal-NDP coalition government has brought to Ontario.

I know some colleagues on my side of the House in my party would gladly agree with me that never did we have those kinds of confrontations when we were in government.

Mr. Wildman: They are the government in Ottawa and it is their fault.

10:10 p.m.

Mr. Cureatz: Did the honourable member ever get that sewer plant built in his riding? I can remember how he badgered the former Minister of Northern Affairs about the sewer plant. Now we are talking about issues of greater concern that affect all of us in Ontario.

The Oshawa Times had this to say about Bill 94:

"The long-promised Health Care Accessibility Act introduced Thursday by Health minister Murray Elston bans doctors from charging patients more than the amount permitted under the province's insurance plan."

It goes on to further clarify and elucidate the finer aspects of the proposed legislation to its readers:

"Any doctor found guilty of overcharging could face a fine of up to \$10,000 for each offence and could be ordered to repay the patient for any excess he is billed."

I say to the Minister of Health, to the Minister of Education, and to the esteemed, very vocal Minister of Northern Development and Mines (Mr. Fontaine) that this is the kind of draconian legislation and kind of reference that the member for Humber reported so loudly on CBC radio this morning. He should be ashamed. I give credit to the member for Humber for his initiative, to his very strength from the guts of his body to say no to Bill 94 and no to this kind of terrible divisive legislation that is going to undermine the health care system in Ontario which was built so strongly by the Conservative Party over a number of years.

The act, which probably will not become law until the spring, also covers dentists who offer services in hospitals. It denies rights. I think this is what the member for Humber was saying to all of us. Perhaps I can try to mimic our Ambassador to the United Nations as he used to screech so loudly down there in the third party in the front bench where, for only a few months, I had the wonderful opportunity of listening to him.

"The legislation purports to deal with access to health services, but all it will achieve is to deny the right of a physician to make a simple contractual agreement with his or her patients, a right held by every other professional in our society," Myers told reporters."

"Myers said the government is trying to cover up the lack of accessibility, a lack of hospital beds and incidents where people are dying of coronaries while waiting for heart surgery."

If that is the case, if the government is trying to cover up, as reported in the *Oshawa Times*, I can only go back to one of my main cores of concern about who the real authors of this legislation are. Are they the four horsepersons of the apocalypse, or are they the hidden-agenda persons to whom I made some reference.

I can only bring to the attention of members one who, no doubt, had input with regard to Bill 94. No doubt, Moira McIntyre, had a very important say with regard to Bill 94. She is the

Premier's eyes and ears of the Legislature. She briefs the Premier every morning and before daily question period after monitoring committees, keeping abreast of stories in the media and goings-on in the ministries. Was she speaking with the New Democratic members with regard to the goings-on in the committees in the Legislature? Is that what was taking place?

Interjection.

Mr. Cureatz: This is really hurting the member for Windsor-Riverside. I want to say to him with regard to his concerns about Bill 94 that when I was Deputy Speaker I always had difficulty distinguishing between the member for Windsor-Riverside and the member for Bellwoods. Time and time again it was the moustache that always threw me.

With regard to Bill 94, I have now a greater problem. Now I cannot tell him from the Liberals over there. This is getting most confusing. I think he would feel much more comfortable making his way across the floor of the House. He should have held out for a cabinet post, because I have heard him speak passionately time and time again with regard to legislation that was being put forward—good legislation, I might add—by the former Conservative government. I would listen with great interest and no doubt the member has the same kinds of concerns about Bill 94. However, he shakes his head. He says he is not one of the authors.

Here it is: "Moira McIntyre, who is 29 years old and is from Brantford and has a degree in political science and English from the University of Waterloo was hired"—here is where she has had some say in regard to Bill 94—"by Robert Nixon in 1983. Nixon did not know her but knew of her family. Her mother"—and this is what grieves me so, I have large crocodile tears in my eyes—"is a staunch Conservative." One would have thought, with that kind of fine family background, she would have known better than to help formulate legislation the member for Humber has indicated is draconian and divisive.

I wanted to bring to the members attention some of the concerns of people in my riding as reflected in the *Oshawa Times*. I had made my way down to a paragraph that says: "About 12 per cent of physicians have opted out of the Ontario health insurance plan and can extra bill patients."

Hon. Mr. Wrye: Does the member for Durham East get paid by the line?

Mr. Cureatz: I say to the honourable member, that is a very good point because now that his Premier has taken away our QCs and brought forward draconian and divisive legislation such

as this, his government is not long for this world. The Minister of Health, who had a humble, small-town law practice in the community of Wingham, will be making his way back to that fine community after he is defeated by those fine constituents. The Minister of Health will have to think about practising law again and charging by the line and will not be worried about bringing in draconian legislation such as Bill 94.

"About 12 per cent of physicians have opted out of the Ontario health insurance plan and can extra bill patients, but in some specialties the percentage of opted-out doctors is much higher, for instance, 67 per cent. 'Some specialists may respond to the legislation by packing up and leaving Ontario or by cutting back on services offered patients,' said Myers.

"Passage of the Ontario legislation, which is similar to that in Nova Scotia and Manitoba, will leave Alberta and New Brunswick as the only provinces that permit extra billing. Under the Canada Health Act, provinces are penalized \$1 in withheld transfer payments for every dollar the doctors charge. By the time Elston's bill goes into effect, Ontario will have lost a lot of transfer payments."

Some people quote that money is the root of all evil. Far be it from me to make any comment on that. I would have thought this Liberal administration, the four horsepersons of the apocalypse, would have thought beyond the money aspect, towards sensitivity in regard to legislation such as this, and about the possibility of negotiation. However, the four horsepersons do not want to negotiate.

10:20 p.m.

We have made reference already to the accord and how under the signed agreement, document 2, eight lines down, there is a specific reference to banning extra billing by medical doctors. I can only refresh the members' memory that it was our illustrious Attorney General, albeit a new member to the chamber, wet behind the ears, who has grasped his responsibility with great sincerity. I can only say to him that this legislation may not pass until early fall.

I can only remind him of his concern that the kind of legislation, this Bill 94, that is being brought out by the four horsepersons is pitting doctor against patient and patient against politician in this province.

Indeed, that was indicative of his anxiety, of his continual fostering of divisiveness in Ontario, as seen under Bill 94, this draconian legislation, where he indicated, "The Liberals should go to the polls now, before we very rudely antagonize

everybody in the province." After all, it has been the pharmacists, the doctors, the farmers and, indeed, the honourable member.

Although the Attorney General has no familiarity with the farming community in downtown Toronto, I can assure him that, with regard to Bill 94, the kind of divisiveness that the four horsepersons have started is going to continue, and his government will not be long for this world.

I would advise him that the legislation in regard to Queen's counsels has not been passed yet. He should not pass it, because he will be practising law sooner than he realizes, and oh, how he will lament the loss of the title of Queen's counsel. He will say: "Woe upon me and my government colleagues of that time when we were bringing forward such draconian legislation as Bill 94, legislation to offend the farmers and legislation to offend lawyers with their QCs."

He will wish that his letterhead had kept the QC because, as he reported, not in regard to Bill 94 but in regard to the legislation on Queen's counsels, he worked so hard to get his Queen's counsel, writing letter upon letter to various cabinet ministers. He has not seen letters yet. He should wait until the animosity of the people of Ontario comes forward and they start seeing that this Liberal administration has begun to tamper with the fine health care system of Ontario.

By then, I say to him and to the few straggler back-benchers who are there, it will be too late because—and I will tell him a trade secret—he has been spending too much time in the chambers helping the four horsepersons pass such draconian legislation.

The member for Wentworth North has not been looking after his riding. He has been here very obediently, like a little puppy dog, standing up for the vote with his coalition colleagues. However, support of this legislation with his continual attendance means that people back in the riding do not know who he is and, lo and behold, when election time comes, they will not care who he is. When the little X comes forward, they will ask in their minds: "What was the name of the party that brought forward draconian legislation like Bill 94? We do not want those people any more. We are tired of them bringing forward legislation that makes people angry, that pits people against each other, as Bill 94 is doing."

I would be remiss if I did not also indicate to the members a comment from another paper of some noteworthiness, Oshawa This Weekend, which periodically reports on activities in the city

of Oshawa. I want to refresh everyone's memory about the Oshawa Times, how it indicated a concern through its emblazoned heading, "Extra Billing Ban an Act of Violence." That is its flagship in regard to this draconian legislation, Bill 94.

In regard to Oshawa This Week, its masthead indicates some of the concerns that doctors in Oshawa and the region of Durham have in regard to Bill 94: "Local Doctors Want Extra Billing to Stay." This is from a report in Oshawa This Week:

"Physicians should be allowed to extra bill because it is an individual right and allows for a 'relief valve' in an underfunded medical system, local doctors say."

"If the provincial government follows through on its promise to introduce legislation next month to end extra billing, it will 'take away my right as a citizen, benefit as a citizen,'" says Dr. Donald Shepley, a Whitby family doctor.

"He says extra billing is 'part of our health care system' and 'when properly done it allows for proper remuneration where it is due.'"

What he is saying is something I have been trying to draw to members' attention, that the four horsepersons on the front bench who really run everything in this Liberal administration, notwithstanding some of the people who write the hidden agenda, are bringing forward legislation that is pitting professionals against politicians and their patients where, instead, they should be negotiating.

To the Minister of Health, for whom I have a great deal of respect—and who owes me a dinner, by the way—I have to say that in his heart of hearts, he does not like Bill 94. If he had his druthers, he would rather have the opportunity of sitting down and negotiating with the physicians. As his training in the learned profession as a barrister and solicitor has indicated, he could do away with Bill 94 and come to an agreement so we would not have what is taking place and undermining one of the finest health care systems in the world.

However, he is not part of the four horsepersons; he is outside the front four. He has no say; neither does the member for Essex South (Mr. Mancini), whom he knows only too well that I admire.

In the continuation of the Oshawa This Week report of the doctors' concerns in the region of Durham, Dr. Shepley, past president of the local chapter of the Ontario Medical Association, which represents Ontario doctors, is quoted as saying that halting extra billing will end a

patient's "freedom of choice" on which doctor to visit.

Imagine. All members of the Liberal Party should be ashamed.

Hon. Mr. Wrye: Can the member explain that? Can he explain how that happened? I am not sure how it happened.

Mr. Speaker: Order.

Mr. Cureatz: I say to the Minister of Labour, has he got his marching orders from Clifford Pilkey? Has he got his marching orders? Has he got his little green book? When is the next appointment at Bay and Wellesley? If he is going to be meeting with Clifford Pilkey, who is really running the Ministry of Labour, he should do it out in Queen's Park underneath a bush so we cannot see him. Instead, in the openness he makes every admission that Clifford Pilkey is running the Ministry of Labour.

Hon. Mr. Wrye: I plead guilty to meeting with the head of the Ontario Federation of Labour.

Mr. Cureatz: He should not be so vocal with his interjections, because the truth hurts. Otherwise he would be smiling smugly, pretending he is back in the old days as a radio announcer, where he no doubt wishes he were instead of being told by Clifford Pilkey how to run the Ministry of Labour.

I have just begun, Mr. Speaker, but since it is 10:30, it might be appropriate at this time to adjourn the debate.

On motion by Mr. Cureatz, the debate was adjourned.

COURT RULING

Mr. Speaker: Pursuant to standing order 28, the motion that this House do now adjourn is deemed to have been made. The member for Brantford (Mr. Gillies) has given notice of his dissatisfaction with the answer to his question given by the Attorney General (Mr. Scott) concerning the sentence given a sex offender. The honourable member has up to five minutes to debate this matter, and the minister has up to five minutes to reply.

Mr. Gillies: I want to indicate to the Attorney General the depth of my unhappiness with what I thought was an uncharacteristically weak reply from him yesterday regarding the disposition of the case of George Harkness in Brantford.

10:30 p.m.

I want to indicate to the Attorney General that I feel the cause of justice has not been served in this case and that I do not believe the best

interests of the victim, of the offender himself or of the community as a whole have been served by a repeat sex offender being given two years' probation, and in fact leaving his trial a free man after judgement.

In his response to my question, the Attorney General pointed out that psychiatric counselling had been ordered for this offender. I again indicate that I do not see that as the case at all. The judgement given by Judge W. A. MacDonald indicated that "such psychiatric treatment or counselling as may be recommended by the probation officer" would be part of that probation, but the court did not order that such treatment be taken by the offender.

This procedure is inadequate. Probation officers, for all the good work they do, are not psychologists or psychiatrists. I understand the minimum requirement for that type of work is a bachelor of arts degree in social sciences, with no prerequisite of any psychiatric or psychological training whatsoever.

I have talked to the personnel people in the Ministry of the Attorney General. They told me it is not the job of a probation officer to become a therapist or interpret the therapy. They also note that the work load of our probation officers is so heavy that all they will really do in a case such as that of Mr. Harkness is see him once a month, and probably will have little or no time or opportunity to get to know the offender or recommend any type of treatment for him.

I want to indicate the unhappiness that has been expressed by both my leader and myself publicly with that part of the Attorney General's reply to me that indicated, "The sentence in question was regarded as appropriate by the crown counsel in question because the sexual assault, while wrongful, was very brief in duration and in the specific circumstances of the incident not within the category of extreme misconduct."

While I am not an expert in these matters, heaven forbid, and I am not even a lawyer, I would like to know when the duration of a sexual attack became the sole or even primary determinant of its seriousness. I have had the experience in my five years in this House of having served on the standing committee on social development during consideration of child abuse and the sexual abuse of children, which I believe led to a fine report by that committee. I indicate my sincere wish to the Attorney General that new methods, new treatments and a new attitude on behalf of the crown should be brought to these cases.

We are dealing in this case with someone who has been found guilty of a third offence of sexual abuse against children. The very lightness, the almost absurdity of the sentence given this man has caused an unsettling anger in my community. At the risk of overstating, I will say that this type of sentencing leads to such anger in the community that it can lead to a sort of vigilante mentality, which I do not believe is in the best interests of justice. I am sure the Attorney General would agree with me. The community wants justice to be done in a case such as this and it also wants to see justice to be done.

I have had several anonymous calls at my office in Brantford. Some people on the street say, "Do not worry about it, Mr. Gillies, because if justice or the Attorney General will not take care of this guy, I know what to do with him if I ever get hold of him." I do not want that type of feeling on my streets in Brantford. I do not want the parents of children in my community to feel their children are not safe. I believe that the crown should have appealed this case in the best interests of all concerned, to seek some meaningful rehabilitation for the offender and some meaningful protection for the community.

Hon. Mr. Scott: I was anxious to be here tonight because I do not perceive that there is any political issue that divides my friend and me on this important question, which is so typical of many that an Attorney General has to face: namely, whether an appeal should be taken from a decision that has been rendered by a judge in a case of this type.

The reality, which the member understands, and he speaks for his community and for those who feel as he does, is that we have an independent judiciary in this country, which is posed between the executive and the population to decide difficult matters of guilt and sentence. The characteristic of an independent judge is that he is not susceptible to influence from the populace or from the political branch of government that we represent here.

So the problem for an Attorney General—and it would be the same if the Attorney General were my friend the member for Brantford or, as he happens to be now, me—is whether an appeal should be taken, because there is no other remedy. I cannot deliver a lecture to the judges about sentencing; they would regard that as an infringement of their liberty. I cannot pass a rule here about sentencing; that is a matter for the federal Parliament, not for us.

All that an Attorney General can do, whether he be my friend or myself, is to appeal. The issue

for an Attorney General, should he appeal, always comes down to this: is there a reasonable prospect of succeeding upon the appeal? It would be the easiest thing in the world for me to serve a notice of appeal. It is a two-page document, and my friend would be satisfied, the press would be satisfied and that would be the end of the matter. It would be forgotten until six months later when the Court of Appeal made its decision.

If I wanted to avoid the catcalls of the press and the learned discourse of my honourable friend, I would serve a notice of appeal. It would be the easiest thing. However, that is not what is required. What is required is an assessment of whether the appeal will succeed. Why? Because if the appeal fails, if the Court of Appeal says the appeal is rejected, then that becomes a precedent and a plateau that will represent to the lower judges across Ontario what the Court of Appeal expects.

If an appeal were taken in this most unfortunate case and if it were lost, it would be a signal to the provincial court judges all across the province, which they would be obliged to observe, that this sentence was the norm. So an Attorney General, in deciding whether to appeal, has to decide whether there is a reasonable prospect that the case will be won. After receiving advice from my crown law officers, I concluded there was no reasonable prospect that the case would be won.

It is one thing for the Leader of the Opposition (Mr. Grossman) to herald in this thing that goes out almost daily that it is scandalous, but the reality is that for McMurtry, for the member for

Cochrane South (Mr. Pope) or for any other Attorney General the issue is the same.

We considered this very carefully. I am not happy with the sentence. If I were a provincial judge, it is perhaps not the sentence I would have given. However, the provincial judge, an independent judge—that is the nature of our system—said, weighing all the factors, that he thought justice was done here. If I thought there was a reasonable chance that the Court of Appeal would reverse his verdict, I would have recommended an appeal and taken one.

In the circumstances of this case there was a momentary touching. There was no violence, there was no aggressive conduct, apart from the act itself, which, as my honourable friend has noted, is by its nature aggressive. There was consultation with the parents, there was an order for psychiatric assistance, there was the suggestion that without this kind of arrangement the accused would have gone free.

However, the determination that the crown attorney made in this case, and that of the judge, was perhaps not the one my friend from Brantford would have made and is perhaps not the one I would have made, but it is within that range of permissible sentences that the Court of Appeal would not have overturned. If it did not overturn it, we must understand that this would send a message to those provincial judges that this is the norm.

I simply observe that it would have been easier and I would have preferred simply to file the paper to please my friend, but that is not my duty.

The House adjourned at 10:40 p.m.

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No.	Page	Column	Line	Should read:
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92	3247	2	36	in Toronto. He should be on northern ground. He should be in the trenches. Kenora is the spot for him.

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No. 96

Hansard

Official Report of Debates

Legislative Assembly of Ontario

First Session, 33rd Parliament

Thursday, January 23, 1986

Afternoon Sitting

Speaker: Honourable H. A. Edighoffer

Clerk of the House: R. G. Lewis, QC



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Contents of the proceedings reported in this issue of Hansard appears at the back, together with an alphabetical list of the speakers taking part.

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LEGISLATIVE ASSEMBLY OF ONTARIO

Thursday, January 23, 1986

The House met at 2 p.m.

Prayers.

VISITORS

Mr. Speaker: I would ask all members of the Legislative Assembly to join me in recognizing, in the Speaker's gallery, Monty Hall and two of the Variety Club of Ontario poster children, Romi Walsh and Maumer Pasanbegovanic, who are visiting the Ontario Legislature on the occasion of the forthcoming Variety Club 1986 telethon.

Hon. Mr. Peterson: Mr. Speaker, I know you will permit me to join you in welcoming one of our national heroes, Monty Hall, as well as two young people, Romi and Maumer, as they set out this weekend for the Variety Club telethon, which will be seen in all parts of this great province. Members will be aware that over the years Variety Club has contributed millions of dollars in every corner of this province. I suspect there is not a family it has not touched in some way or other to make this a better province.

As members know, Monty Hall got his professional start with CHUM radio here in the city. We welcome him back to kick off this telethon and a new program called Cash for Kids. I am not doing a commercial, but I am trying to help a little bit.

In case the members may not be aware of this, in conjunction with the food industry in Ontario, 1.7 million booklets like this, which contain coupons that can be redeemed in stores across this province, will be distributed in the next few weeks. The value to the consumer will be \$14, but what is more important is that for every coupon redeemed, 15 cents will go to Variety Club.

It is a win-win situation; everybody wins with this program. I hope the members opposite and the people of Ontario will join all of us in making this program a great success, and in ensuring that they all contribute to Variety Clubs, which do so much for this province.

Thank you, Mr. Speaker, for introducing our guests and I thank our guests for the great contribution they are making to our province.

Mr. Timbrell: On behalf of my colleagues in the official opposition, I would like to join the

Premier in welcoming Mr. Hall and the poster children, representatives of Variety Clubs. I am delighted to see that their program continues to be the outstanding success it has always been.

Those of us who have been around here a while have many great memories of the events that led up to the construction of Variety Village and its official opening some years ago by our former Lieutenant Governor, the Honourable Pauline McGibbon.

In reference to the program for which the Premier has now given one of the best pitches that could be made, with the exception of one by Mr. Hall, I remember very well when that program was in its infancy and was introduced to us at the Ministry of Agriculture and Food.

We endorsed it at that time, and join with the Premier in endorsing it and recommending it to the people of Ontario as a way in which they can benefit themselves and also ensure that children are the recipients of so much assistance on an ongoing basis from Variety Clubs and Variety Village and other programs emanating from the clubs and the village in Ontario.

Mr. Rae: I was wondering why, in the last couple of days, we have seen such an emergence in the government of a mood of Let's Make a Deal. Now we have the explanation of the source of this urge to come on down to the doctors who are opting out on extra billing.

I do want to welcome Monty Hall to the Legislature. Mr. Hall has contributed enormously to Canadian show business, and as a descendant of a show business family, it is only appropriate for me to welcome Mr. Hall here and to welcome the two poster children.

I am a member of the Variety Club and have participated in telethons, bikeathons and many events on behalf of the club. I commend it as a charity. Indeed, the current Treasurer (Mr. Nixon) supported my last bicycle run and I will be looking forward to his support in the one that is coming up.

Hon. Mr. Nixon: I am waiting for the receipt.

Mr. Rae: If he wants to find a seat and ride on a bike, he can do that too.

Hon. Mr. Nixon: I said "receipt."

Mr. Rae: I commend the work of the Variety Club to all the members. It is a wonderful

organization and it has done a tremendous amount.

While the Minister of Community and Social Services (Mr. Sweeney) is here, I might say we look forward to the day when the disabled will have a greater crack at jobs as they get older, so the children who are being helped by the Variety Club today will be able to look forward to a world of work, a world of participation and a world of full and equal citizenry in this wonderful province of ours.

In a nonpartisan spirit we welcome Monty Hall and welcome the kids here, and look forward to a very successful telethon that is coming up. Thank you very much for coming.

SUPREME COURT APPOINTMENT

Hon. Mr. Peterson: I have another announcement I know my colleagues will permit me to make. I do not have a statement, because I just found out about it and I stand in this House both proud and sad when I share this information with my colleagues. It has come to my attention that our Deputy Attorney General, Archie Campbell, who is sitting in the Speaker's gallery, has been appointed to the Supreme Court of Ontario, High Court division.

That means effectively he must be discharged from his responsibilities here and will be joining the bench forthwith. I am sad because I have had the benefit of his wise counsel often in the last seven months. I am sure I can speak for my colleagues opposite who also had the benefit of his wise counsel and his impartial, objective and first-class legal advice on many occasions.

I am also sad, and this is personal, because he is a former roommate of mine when I was in university. I should say that was the least pleasant part of our association, but it is a great thing for the bench and for the justice system in this province.

Archie Campbell possesses one of the keenest legal minds I know. Mind you, I am not a great judge of keen legal minds, Mr. Speaker, but he is an academician of great repute. I suspect if you talk to the legal community in this province, you will find there are very few with his sense of legal history and his knowledge of all aspects of law, particularly criminal law.

2:10 p.m.

His appointment will be universally heralded as a brilliant one. It was not our appointment, although I would love to take credit for it. For a government which has not been renowned for its great appointments, it has redeemed itself in this one fell swoop today.

I thank Archie Campbell, former QC, for his great service to the public of Ontario. He has been an exemplary public servant. We will miss him professionally and personally.

He is the only deputy who wears Kodiak boots to deputy meetings, and the only deputy—the only man—I know who wears seersucker suits in the middle of winter. He is always a treat to have in one's office at meetings because he cleans up all the leftover food from the previous week. He has been very handy from many points of view.

I will save some of the personal reminiscences, of which all of us have so many, for the dinner I am sure somebody will have in his honour. Archie, with respect and affection, Godspeed and good luck.

Hon. Mr. Scott: Mr. Speaker, if my colleagues opposite and you permit, I would like to support what the Premier has just said and to let the opposition members know that if they want to begin asking the Attorney General questions for the next couple of months, they will have an absolute field-day because Archie Campbell is gone.

Mr. O'Connor: We already have.

Hon. Mr. Scott: If the member for Oakville (Mr. O'Connor) considers what has happened to him over the last couple of weeks a field-day, he has a different conception of that from mine.

I have known Archie Campbell for most of my professional life. He has been a distinguished director of Parkdale Community Legal Services, a fine law teacher, a daring and aggressive advocate and a truly great public servant, of whom this province, whoever was entrusted with the government of the day, may be proud.

In the past six months in which I have had the honour to be Attorney General, he has served, as one would have expected, with devotion, skill and compassion in the interests of the public of the province. I have been more grateful for his friendship and support than I will ever be able to say.

I speak for the whole department which has worked with him, and it is almost like a eulogy, when I say he will be very much missed by us all. To our new judge, Godspeed.

Mr. O'Connor: I join the Premier and the Attorney General in complimenting Mr. Campbell—whom I cannot quite see, but who is around the corner, I assume—on his appointment to the bench. On behalf of my colleagues, I cannot think of anyone more qualified and experienced to sit on our highest bench in Ontario. Mr. Campbell has a fine legal mind,

and he has shown himself to be a superb administrator.

I do not exactly know the rules of decorum that apply to the Supreme Court of Ontario, and whether construction boots are acceptable. I wonder whether the Attorney General might see fit to spring for a new pair of shoes to welcome him to the bench. I recall one brief incident during estimates recently when we were about to convene the meeting and start the questioning. Not knowing Mr. Campbell all that well, I was somewhat taken aback when he suddenly swung his large leg, with a boot on the end of it, over the table beside the Attorney General and commenced calmly to tie his lace. That was my introduction to Mr. Campbell.

Our congratulations to Mr. Campbell. He will be a fine appointment to our Supreme Court. It will be a loss to the province which he has served so well and for so long. Congratulations.

Mr. Rae: The new judge will need all our good wishes as he approaches the unique life of the bench. I particularly wish him well because, as Deputy Attorney General, he no doubt was the brains behind the rather extraordinary dressing-down on the question of judicial salaries that the Attorney General delivered a couple of weeks ago. I wish Archie well as he approaches his colleagues at Osgoode Hall, has lunch and talks about the questions that no doubt preoccupy all of us at lunch time.

I wish Mr. Campbell well. I know he was well beloved by our much-missed former justice critic, Jim Renwick. I know he will do us all proud. I almost feel as if this guy is being buried, but all that is happening is that he is going on to a much better and more exciting career, and we wish him well in that. Godspeed.

STATEMENTS BY THE MINISTRY

GOVERNMENT ADVERTISING

Hon. Mr. Riddell: I would like to announce the second creative contract to be awarded under the Advertising Review Board system used for the selection of government advertising agencies. The Advertising Review Board system was created to ensure that the selection process is open, accessible, fair to all bidders and accountable to the public.

Selected as the new creative advertising agency for the Foodland Ontario promotion campaign is SMW Advertising Ltd. of Toronto. The agency's successful bid for the \$1.7-million annual food promotion account is its first attempt to gain Ontario government business. SMW is Canada's 31st-largest agency, with equivalent

billings of \$32 million annually. It takes over the Foodland account from Case Associates Advertising Ltd.

The Advertising Review Board's choice, a unanimous one by the selection panel, is based on the belief that SMW will provide the ministry with a capable, energetic and qualified team of advertising professionals that can draw upon extensive creative experience in food advertising.

Last October, a news release and advertisements called for expressions of interest in the Foodland account and 46 agencies responded. Some 19 completed the agency questionnaires and six were invited to make presentations.

I am confident the Advertising Review Board selection panel has provided the Ontario Ministry of Agriculture and Food with an agency capable of delivering an aggressive marketing and advertising program for Ontario food products.

Not only do we extend a welcome to Monty Hall and the two poster children, but also we are delighted to have them here to witness democracy at its best.

OVERTIME WORKERS

Hon. Mr. Wrye: I have, on several recent occasions, expressed concern about extensive amounts of overtime being scheduled by some employers, particularly when members of their work force may be on layoff. A number of unions have expressed concern about such situations, urging government intervention to alleviate the social and individual consequences of excessive overtime.

However, many employers submit that the flexibility afforded by overtime is essential to maintain competitive operations, and further, that scheduled overtime cannot readily be translated into new jobs. As well, many individual workers have made it clear that they welcome the opportunity to increase their incomes by working longer hours.

In short, no consensus has emerged on limitations that should be put in place.

Under the Employment Standards Act, the maximum hours of eight per day and 48 per week may be exceeded in certain instances where an employer obtains a permit. The initial standard permits are issued on request, while the employer must show need before being granted a subsequent special permit. These maximum-hour provisions were introduced in 1944 and have not been reviewed since. The government believes an examination is long overdue.

There are a great number of complex issues that need to be addressed from the perspective of both management and labour before any determinations can be made about appropriate reform. To assist us in examining these difficult issues, I wish to announce the appointment of a Task Force on Hours of Work and Overtime. The task force will review current overtime practices and report to me with recommendations respecting the adequacy of existing legislation.

2:20 p.m.

More specifically, the terms of reference of the task force will be as follows:

1. To study and make recommendations with respect to issues related to permissible overtime, the hours-of-work provisions of the Employment Standards Act and alternatives and the administration of these provisions;

2. To take into account in the study and recommendations the need for overtime hours and alternatives to such overtime; factors related to job creation, health and safety and absenteeism where long hours are worked; the effectiveness and efficiency of the existing legislated provisions and improvements or the approaches proposed; and the cost and other implications of amended or new legislation on employers and employees;

3. To examine for the purposes of the study selected situations where substantial overtime is scheduled, including iron and steel mills, metal mines, the automobile manufacturing industry and generally where employees are on layoff; and

4. In carrying out the study and in making recommendations, government ministries, employers, trade unions and other interested groups or persons will be consulted as required.

The task force will be chaired by Arthur Donner, noted writer and consulting economist. Joining him will be Fitzgerald Allison, vice-president of industrial relations, Abitibi-Price Inc.; Judith Andrew, director of provincial affairs of the Canadian Federation of Independent Business; Ray Silenzi, president of Local 1005 of the United Steelworkers of America; and Sam Guindon, director of research of the United Auto Workers Canada.

Given the nature of the issue, the task force will travel and hear submissions from employees and employers in some of the major centres in the province. The task force may submit an interim statement by June if it seems warranted. Otherwise, I would expect to receive its final report by the end of the year.

As an interim measure, and until any legislative changes are recommended and proposed to this House, I have directed the employment standards branch to conduct more rigorous screenings of employer requests for special overtime that supplement the initial standard permit. A particularly compelling case for such special permits will be necessary where the standard permit has been exhausted by hours scheduled over 48 in a week, or where the request relates to maintenance personnel, who may already be scheduled to work up to 60 hours per week under the standard permit.

It should be understood by employer and employee alike that the director of the branch will prosecute those who violate their obligations under the law. However, there remains the problem of those employers and employees who were in violation of the act last year, some of whom are only now, on a retroactive basis, requesting the appropriate special permits.

It is obvious that until recent months employers had no expectation that the branch would insist as a matter of government policy on strict compliance with the act. However, in my view, it would be clearly unfair to launch prosecutions for actions based on past government direction. Therefore, the branch will not initiate prosecutions for violations occurring before January 1 this year. The exceptions will be those cases where specific branch directives to employers to comply with hours of work rules were ignored. In those cases prosecutions will continue to be considered and, in some cases, commenced.

The mandate given this task force is an important one. It is my expectation that its work will lead to reforms that will recognize the legislative interest of all participants in the modern work place.

EQUAL PAY FOR WORK OF EQUAL VALUE

Hon. Mr. Scott: On November 19 I tabled in this House the Green Paper on Pay Equity. At that time I also announced to the House that, in keeping with our commitment to open and accessible government, we would begin a consultation process on the issue early in the new year. I am pleased to announce today the details of that consultation process.

Starting on Monday, February 10, we will hold a series of meetings in five Ontario cities: Toronto, Windsor, Sudbury, Thunder Bay and Ottawa. The meetings will be conducted by a panel of three individuals: C. David Clark, Dr. Gail Cook and William A. Dimma.

The panel will hear representations from a wide range of business, labour, community and women's groups as well as from members of the public. When the consultation process ends, the panel will then report its findings to myself and to the Premier (Mr. Peterson).

A hearings schedule, as well as information on how interested parties can make a submission, will be advertised in Ontario's daily newspapers in the coming weeks. We are inviting those who wish to make a presentation at the meetings to contact the Ontario women's directorate to make an appointment. Selections will be made on a first-come, first-served basis. The directorate will also provide complete information on the process to anyone who may require it.

Interested parties are invited to either present written submissions to the panel or make verbal presentations. In the case of verbal presentations, we are asking groups to file a letter of their intent to appear before the panel and to identify, if possible, the issues they wish to address.

As I said in November, the issue is not whether pay equity will be achieved, but how. This government has already made a firm commitment to the people of the province on equal pay for work of equal value.

The role of the public consultation panel will be to hear all sides of the issue, to learn about any concerns various groups may have, and to get their ideas about how pay equity might be implemented in a fair and reasonable manner.

In addition, the hearings will give the people of the province an opportunity to come to a better understanding of exactly what we mean by "pay equity" and how it will affect them, as men and women who want to ensure that the work place is a socially and economically fair place for all.

The people who have been chosen to conduct the proceedings are well-qualified for their roles. They all have considerable achievements in their respective fields and bring to the process an objective understanding of this issue and its implications.

David Clark is the president and chief executive officer of the Campbell Soup Co. Ltd. He holds a master's degree in business administration from the University of Western Ontario, has extensive experience in community service, and is on the boards of many national organizations and associations.

Dr. Gail Cook is executive vice-president of Bennecon Ltd., a Toronto management consulting firm. Dr. Cook holds a PhD in economics from the University of Michigan and sits on the

boards of a number of companies, including the Bank of Canada.

William Dimma is president and chief executive officer of Royal LePage Ltd. He holds a number of degrees, including a master's degree in business administration, and was dean of administrative studies at York University. He is chairman of the board and director of both Polysar Ltd. and the Niagara Institute.

The panel members know that they have a difficult job ahead of them, that pay equity is a complex subject and that a long-standing situation is not easily or quickly changed, but they are all dedicated and hard-working people, as their records show, and I know will serve the consultation process well.

The panel will consequently ensure that all points of view will be taken into consideration and be brought back to the government prior to the development of pay equity legislation in the private sector.

DRUG SUBSTITUTES

Hon. Mr. Elston: I have two short but very important announcements.

Over the past two weeks, there have been questions in this House regarding the therapeutic effectiveness and interchangeability of the generic drug apo-ibuprofen. Other questions have been raised about the interchangeability of metoprolol.

In order that we might have a speedy resolution to these concerns, I requested that the ministry's Drug Quality and Therapeutics Committee hold an emergency meeting to review recent studies and data on these two drugs.

The DQTC met yesterday evening and at that meeting a recent study of apo-ibuprofen, prepared by the health protection branch of the Department of National Health and Welfare, was examined.

Earlier this morning, I was advised that in the opinion of the Drug Quality and Therapeutics Committee, there now exist clinically significant differences in the rate of absorption between apo-ibuprofen tablets and Motrin tablets marketed by the Upjohn Co. of Canada.

It is therefore the opinion of the Drug Quality and Therapeutics Committee that the rate of absorption is therapeutically important when the drug is being administered for the treatment of a disorder that requires rapid drug absorption.

I will take the following action in the light of this new evidence: to protect the public interest, I intend to make application to the courts to secure necessary authority to amend the January 1985

Ontario Drug Benefit Formulary and delist apo-ibuprofen as interchangeable with Motrin.

This is necessary because the government's authority to change the formulary now is being challenged in court and because the enabling legislation to make such changes, Bill 55, has been delayed in this House.

Within the next 24 hours, letters to pharmacists, physicians, dentists, their colleges and associations, hospitals and other health care facilities will be sent advising them about the DQTC opinion on apo-ibuprofen.

2:30 p.m.

Regarding the generic drug metoprolol, the DQTC has reviewed the current information and data available, and no change in the status of that drug in the formulary is contemplated. The committee will continue to review clinical information with teaching hospitals and the federal health protection branch to determine whether any significant number of adverse reactions is being detected.

I have also received a reply from my recent telex to the Honourable Jake Epp about this matter. He has assured me that as soon as any new evidence regarding the use of metoprolol becomes available, it will be forwarded to my ministry.

Mr. Timbrell: On a point of order, Mr. Speaker: My copy of the statement may be incomplete but I do not see an apology to the Leader of the Opposition (Mr. Grossman) for the things the minister has said about him on this issue, nor any credit to him for raising it.

Mr. Speaker: Order.

MIDWIFERY

Hon. Mr. Elston: The second announcement today deals with the issue of regulating midwifery. As members are aware, we have under way in Ontario the health professions legislation review, which is examining the regulation of all health professions.

We now have a patchwork of legislation governing the health professions in this province. The Drugless Practitioners Act, for example, dates back to 1925 and has never been amended. The Health Disciplines Act, our most recent and modern piece of legislation in this area, is also in need of amendment. In addition, we have six separate acts for another group of health care professions, while others remain unregulated.

The health professions legislation review was established to make recommendations on the design of new comprehensive legislation that will bring our regulatory system up to date. One

of the most important decisions to be made in the course of the review is which professions are to be included in the new regulatory system. I will soon announce the professions that meet the criteria established through the review and that are to be regulated.

The review has also recommended to me that we begin taking steps towards the regulation of midwifery in this province. I have accepted that recommendation, and today I am pleased to announce that it is our government's intention to establish midwifery as a recognized part of the Ontario health care system.

Women and newborns in this province currently receive an exceptionally high level of obstetrical and perinatal care. Over the years, doctors and nurses in this province have made significant and continuing progress towards lowering the risks in childbirth for both mothers and infants. At the same time, a small but growing number of people have expressed a wish to have available the services of a competently trained midwife.

The practice of midwifery is well established throughout the world. Indeed, Ontario is one of the few western jurisdictions where it is not regulated. In many other jurisdictions, the practice is already viewed as a safe and integral element of health care. I believe Ontario citizens are entitled to the same choices.

While the demand for midwifery services is increasing in Ontario, the development of the profession is hampered by its uncertain legal status. Many nurse-midwives, trained outside Canada, are working as nurses on obstetrical wards in Ontario hospitals and in other areas of institutional care, but they are unable to use the full range of their midwifery training.

Other trained midwives without nursing qualifications have been forced to seek employment outside the health care field. Established professions and institutions involved with pregnancy care are frequently wary of involvement with midwifery practice because of potential legal problems and uncertainty about the competence of practitioners.

The risks of midwifery practised outside a regulatory framework and in isolation from the rest of the health care system must be recognized. A number of approaches have been adopted in other jurisdictions. Some use nurses with additional training in midwifery; others train midwives as a separate profession. We must choose the model that is most appropriate for Ontario.

The health professions legislation review has identified various issues that must be addressed

in order to ensure the operation of a safe and effective midwifery service in this province. These issues include: the qualifications necessary to become and remain a practising midwife; the relationship between midwives and physicians; the settings in which midwives will provide their services; the kinds of educational programs that will be offered in Ontario to prepare midwives.

In order to respond to these questions satisfactorily, extensive consultation with related health professionals, institutions and consumers will be needed. In order to address these questions, I am announcing today the establishment of a Midwifery Task Force.

The mandate of the task force is to recommend to me and to my colleague the Minister of Colleges and Universities (Mr. Sorbara) a framework for how midwifery should be practised in Ontario and how midwives should be educated.

The task force will address such issues as education, requirements for entry to practice, scope and standards of practice, governance of the profession, locations of practice, patient access and whether midwives should operate as independent practitioners or as part of an organized service. The task force will also be asked to recommend the specific steps and the period of time that will be necessary to implement its recommendations.

I am pleased to announce that Toronto lawyer Mary Eberts, a former professor at the University of Toronto's law school who is now in private practice, has agreed to serve as task force chairman.

In order to maintain good liaison with the health professions legislation review, I have asked the review co-ordinator, Alan Schwartz, to act as vice-chairman of the task force. Other task force members will be: Dr. Rachel Edney, family practitioner and former Ontario president of the College of Family Physicians of Canada, and Ms. Karyn Kaufman, associate professor at McMaster University school of nursing.

I have asked the task force to complete its study and to report to me within a year. As they carry out their new responsibilities, I expect that members of the task force will receive full co-operation from the medical and nursing professions and from the midwives' coalition in Ontario. In addition, concerned institutions and related consumer groups will be invited to participate in the development of an appropriate model for the delivery of midwifery services in Ontario.

It is our intention to move forward with this initiative as rapidly as possible, but we will do so deliberately and carefully. I look forward to receiving the report of the task force and to working with the profession, the hospitals, consumer groups and the midwives' coalition so that we can develop the best model for integrating midwifery into our province's health care system.

ORAL QUESTIONS

EXTRA BILLING

Mr. Timbrell: I have a question of the Minister of Health, who might take this occasion to show that he has learned that, in the parliamentary process, the people's faith in the system is restored when the minister will admit he is wrong, and he was dead wrong on that drug issue.

I noticed that the minister took a few minutes as the House got together this afternoon at two o'clock to get his instructions from the Premier (Mr. Peterson). Can he now tell us what he understands to be government policy with respect to discussions with the Ontario Medical Association? Can he tell us the extent to which he is prepared to sit down and talk to them and offer concessions or alternatives to the present legislation?

Hon. Mr. Elston: The request for information on our dedication to the principle of banning extra billing is appropriate. In fact, we have not changed our dedication to ending the practice of extra billing.

I can tell the members that we have on many occasions offered any number of opportunities for the profession to come to us and speak to us about alternatives to how the legislation is constructed. We will continue to extend opportunities to those people all over the province to come to us and talk to us about how these items might be worked out in the legislation.

2:40 p.m.

Mr. Timbrell: The minister will understand that not every doctor can make it to one of the Liberal cocktail parties in order to do that or pay the \$1,000 toll-gate entry fee.

Does the minister not agree that it would be better, as was done in British Columbia, in Saskatchewan and in Nova Scotia, to sit down with the medical profession and to negotiate the form and timing of the government's legislative proposal, rather than introduce what the member for Humber (Mr. Henderson) refers to as

draconian measures, which should not be enacted in Ontario?

Hon. Mr. Elston: I have continued and will continue, as will the Premier, to offer a forum to discuss this with the OMA with respect to opportunities for finding ways of putting the legislation in a form in which the OMA would like to see it.

The honourable member has pointed out that in Saskatchewan, for example, that profession through the president of its association indicated it wanted to work with the provincial authorities on a piece of legislation it felt would be workable to end the practice of extra billing.

We have yet to receive an indication—at least I have anyway—that the OMA is willing to work towards putting together that legislation to end extra billing. I am prepared to accept options from those people with respect to the style of the legislation, but to be very clear, we are dedicated to ending the practice of extra billing in Ontario.

Mr. Rae: Things are hardly the same since the sultan of sulk is no longer with us today.

Mr. McClellan: We are getting some good questions for a change.

Mr. Rae: We seem to be able to get on with the business.

Interjections.

Mr. Rae: The sultan of sulk. Does the member want to write that down? He may want to use it some day. I am sure he will, since it comes from the New Democratic Party.

The question I would like to ask the minister has to do with one of several statements made by the Premier in the last two days. One was that one of the options the government is considering is a delay for some parts of the profession with respect to extra billing. Does the Minister of Health not realize there has already been a delay of six months from the point of view of patients who are paying \$1 million a week in extra fees? They have now paid \$25 million since the election.

Mr. Speaker: Order. The question has been asked.

Mr. Rae: Is the minister prepared to countenance further delay in extra billing with respect to those patients?

Hon. Mr. Elston: I think it is extremely clear that what this government is attempting to do is to reach out and try to work on any opportunity for compromise, agreement and discussion with respect to the professional association. We will continue to work towards trying to find ways of engaging the profession in discussions to refine

and make this bill workable, in its opinion as well as ours.

Mr. Timbrell: It is difficult to know how the member thinks he can blame the OMA when it was his Premier who in this House in July said he was willing to negotiate and then walked outside and five minutes later said he would impose the Quebec system. Why would they have any faith, one has to ask oneself? That was not a question.

Mr. Speaker: I thought it was.

Mr. Timbrell: I am asking myself.

Once the minister and the Premier get their act together—if they get it together—with respect to discussions with the OMA, I want some assurance that any olive branch he offers by way of amendments to the fee schedule will not exceed the \$50 million the government anticipates receiving back from the federal government?

Hon. Mr. Elston: I am not sure exactly what information the honourable member wants. If he wants to ensure that expenditures will not rise above \$50 million in any particular year in compensating physicians, then I cannot give that assurance; I am sorry. All I can tell the members of this House and the public in this province is that we will take every opportunity to discuss options and opportunities for agreement between us and the profession. I think the Premier and I have made it very clear that we will continue to reach out in that regard.

— CHEMICAL SPILL

Mr. Dean: I have a question for the Minister of the Environment. In view of the accident which occurred at the plant of Chipman in Stoney Creek on Tuesday night, can the minister please tell us what system his ministry has for informing the media, and through them the public, of the extent and the nature of a dangerous gas discharge such as occurred at the Chipman plant?

Hon. Mr. Bradley: I want to indicate to the member for Wentworth that I was not pleased with the response time or with some aspects of the operation that took place at the Chipman plant on Tuesday evening. It is my intention, through the officials I have spoken to in my ministry, to ensure that we do not have a repeat performance. On a number of occasions, the ministry has responded rather rapidly and effectively. I can think of a number of instances in the province where that is the case.

From attending the press conference the next day at Chipman and from the subsequent information which flowed, the member would know the dissemination of information and the

response time both left something to be desired. In conjunction with regional officials, including Bill Sears, the chairman of the regional municipality, and Mayor Napper, whom I will be meeting in the not-too-distant future, we want to ensure that the kind of operation that took place can be improved upon, even though—and I think the member would agree—certain aspects of it worked quite well.

Mr. Dean: I appreciate the candour of the minister in admitting that he did not have an effective system in place. That was very obvious, but it is preposterous for the minister to style himself as Minister of the Environment—

Hon. Mr. Bradley: The member for Wentworth did not expect that, did he? He will have to change his supplementary.

Mr. Speaker: Allow the member to place his supplementary.

Mr. Dean:—when he has no effective system in place for communicating with the public when environmental hazards exist.

In the light of the state of confusion created in Stoney Creek by the inadequacy of the response of the minister and his officials, which resulted in confused media reports during the Chipman fire, does he not think it is about time to establish an effective system?

Hon. Mr. Bradley: I know the member would be interested in seeing the kind of system he would be satisfied with in full effect. His predecessors, many of whom sat on this side of the House, attempted to establish such a system. In some cases that system worked quite well and on other occasions it did not work as well as it might have. This was one of those cases.

I mention again that there were some positive aspects. However, when there is a circumstance such as this, where the response has not been adequate in a number of ways, it is important to learn from that example and improve on it, rather than to simply stand here and attempt to defend it. That is exactly what we are going to do. We are going to see an improvement in that.

We were fortunate there was no loss of life or other dire circumstances because of the efforts of many, but that still is not satisfactory to me and I am going to see that it changes.

Mr. Charlton: Could the minister tell us the precise time at which the ministry was notified of the problem and whether the source of the problem was the Chipman plant?

Hon. Mr. Bradley: To my knowledge, our records show that at no time did the Chipman company contact the Ministry of the Environ-

ment, as is required. I think it attempted to make a contact or perhaps made a contact indirectly, but to our knowledge, there was no contact made by Chipman to the ministry.

From the information I have been able to gather from the log that is kept of these things, the company did not notify the fire department immediately. The first call to the fire department came from area residents and it responded to that call. It would have been more appropriate if the company had notified the fire department immediately upon the fire taking place.

2:50 p.m.

With regard to our ministry, it is my understanding that somewhere around 7:30 our ministry received a call at the centre. Calls then went out to regional officials to attempt to locate someone who could join the fire department which was involved in the fire, the police department which is in charge of evacuation and the medical officer of health who deals with health matters.

In my view, the response time was not satisfactory. It was not until after nine o'clock, after 9:15 even, that our ministry was at that site. We were not the lead ministry in this because of the fact of the fire, but our ministry still should have been there at that time.

Mr. Dean: In view of some of the events the minister has just recounted, which were known to some of us as well, could he confirm the statement of his official that his ministry's single mobile air-monitoring unit was unavailable at the time of the fire because it was under repair and, therefore, was unable to assist in determining the extent and nature of the gas discharge?

Will he also ensure that unit, and as many other units as are required, will be available and in operational condition in the future to help to protect our residents from environmental hazards?

Hon. Mr. Bradley: As the member will no doubt understand, this unit was not purchased for the purpose of emergency circumstances, although it can be brought into operation in a longer-term spill. If the member recalls the Mississauga incident, in which there was an ongoing spill for some considerable time, the unit was mobilized and used at that time, but it is not in existence specifically for the purpose of responding to an immediate crisis of this kind.

Mr. Dean: Why don't you have a unit that would respond to this situation?

Hon. Mr. Bradley: I am glad the member asked that question. As the former Minister of the Environment would tell him—

Mr. Speaker: I did not call for a supplementary.

Hon. Mr. Bradley: —there is no unit in existence, that our ministry officials are aware of, that could be purchased that fits the criteria the member would like: in other words, a unit able to deal with a large number of chemicals for testing purposes on an immediate emergency basis; that does not exist at present.

The trace atmosphere gas analyser, or TAGA unit as it is called, goes into neighbourhoods and monitors on an ongoing basis. The unit was being prepared, if this had been a longer-term spill, but the emergency was considered to be over and the unit was not brought out at that time. It is my understanding that testing was used. The company itself provided to the people in the area some testing methods and the determination was made from them.

Mr. Speaker: New question. The member for Lakeshore.

Mrs. Grier: My question is to the Minister of the Environment on the same subject.

Interjection.

Mr. Speaker: Order. A point of order? A point of privilege?

Mrs. Marland: It may not be in order, Mr. Speaker, but on behalf of the residents of Mississauga, I would like the Minister of the Environment to explain what an ongoing spill is.

Mr. Speaker: Order. I did not recognize the member for a question. The member for Lakeshore.

Mrs. Grier: Some of us had an opportunity this morning to meet with officials of Chipman and with residents who were concerned about the spill. A number of very important issues emerged, some of which have been touched on in the minister's answers to previous questions.

In those answers the minister acknowledged that he did not have the capability to do adequate testing of the emissions that were occurring from 6:30 on. Given that fact, we understand that the company's position is that it erred on the side of caution in ordering adjacent residents to vacate their homes at eight o'clock.

On what basis did ministry officials agree to allow the residents to return to their homes at 11 o'clock, given that the officials had done no monitoring and had no idea of the toxicity of the emissions?

Hon. Mr. Bradley: As the member may be aware from her discussions with the officials she has spoken to, that decision was based on the assessment of the fire department, the police

department and the medical officer of health, all the officials who were gathered there. It was not a decision of the Ministry of the Environment that those people would be instructed to go back to their homes.

Mrs. Grier: Would the minister not agree that none of the officials he has mentioned had at that point any idea of the nature of the substance that was being emitted, the quantities that had been emitted or the effects those emissions might have on any of the residents?

Hon. Mr. Bradley: That may or may not have been the case. As I indicated in my answer to the member for Wentworth, the company itself provided some equipment and had some of its medical people on the site at that time as well and gave some indications to the people who were there about whether they should return. The medical officer of health, the fire and police departments and others would assess it based on all the information they had at the time.

Our officials were not allowed into the press conference. Did they allow the member into the press conference?

Mr. Dean: No.

Hon. Mr. Bradley: They did not allow ministry officials and others into the press conference. I think the member for Wentworth finally did get in and perhaps he heard this. The company indicated it provided some information to those around and did some monitoring. It indicated it would err on the side of what it referred to as safety.

Mr. Dean: I am a little amazed—I do not know whether to be delighted or not—that the Minister of the Environment has indicated he is going into the privatization of environmental testing. He said earlier he was not happy with what happened and then he said he would not have any way of knowing whether what happened was right or wrong because they do not have any equipment, but are relying instead on what is in the private sector.

Mr. Speaker: And you would like to ask.

Mr. Dean: I would like to ask how he can continue to serve as minister if he does not run his department any better than this and allows inadequate equipment to handcuff him in determining when there is a danger.

Hon. Mr. Bradley: The member has to remember that I indicated one does it on a long-term basis. The equipment in effect, the TAGA unit, is a machine that takes approximately two hours to assemble and the technicians have to calibrate the machine to deal with the specific

substance. In addition, there is the travel time. We are talking about a machine that was not designed for emergencies.

The member for Mississauga South (Mrs. Marland) asked, "What is an ongoing spill?" An ongoing spill is one in which the emissions continue without being stopped. Ordinarily, that is when this machine has been used, as that member will find out if she checks with former Ministers of the Environment. As the member knows, we are looking on an ongoing basis at the very latest in equipment that is available to deal with any circumstances and we will continue to do so.

Mr. Mackenzie: Is it a fact, or can the minister tell me if I am wrong, that the TAGA unit at least has the capability of analysing the toxins, whereas the measurement the company was using can only give a measure; and that in any event it would probably have taken three or more hours to get that unit from Toronto to Hamilton had it been operational, which it was not? A similar unit should be located in the Hamilton-Wentworth area, given the concentration of industry, chemicals, steel plants and so on.

Hon. Mr. Bradley: To deal with the last part of the question first, it is my understanding the most up-to-date similar machine, the latest equipment, still is not an emergency machine, as the member has appropriately pointed out. The cost of the most up-to-date one is more than \$1 million per machine. We would be looking at a number of them to determine where they could be located in the province. As he knows, this machine is used for ongoing monitoring in various neighbourhoods.

The member is quite correct, in that the machine can be calibrated to deal with specific substances that are very close to each other in the spectrum of chemical substances.

3 p.m.

FLOODING

Mr. Rae: I have a question for the Minister of Natural Resources about flooding in Essex county and Windsor. I have a copy of a letter dated in October from Harvie Andre, the federal Associate Minister of National Defence, written to the member for Essex North (Mr. Hayes), in which he says his ministry was advised by the Ontario ministry that: "The peak in the Lake St. Clair and Lake Erie area was reached in April 1985 and the water level is now receding." What has happened has "apparently resolved the possible flooding threat."

Since I know Windsor is a subject that is going to be on the minister's mind for the next couple of days, I wonder whether he will talk with people when he goes to Windsor, have a look-see and recognize that ice levels now are such on the river and on Lake St. Clair that there is a very real, urgent problem.

Flooding is not simply a hypothetical possibility when breakup comes; it is a reality facing literally thousands of people in that area. Can the minister explain why his ministry gave such bad advice to the Associate Minister of National Defence?

Hon. Mr. Kerrio: We are certainly very aware of the threat. We feel the high waters will be with us for quite a while. Precipitation is going to be very high. We are looking for help at the federal level because it is of such proportions that I am afraid it cannot be handled by the government of Ontario.

This past week I flew down to Ottawa and talked with Tom McMillan, the Minister of the Environment, who is in charge of that circumstance and asked him to speak with our American friends on behalf of Ontario, which has 4,000 kilometres of shoreline, to see whether a real issue is going to be made of control of the high waters.

I share with the leader of the third party that we are concerned about the future threat, but what he is talking about is probably very cyclical; it moves up and down considerably. We are looking at those things to try to project the future. I feel there is a threat there.

Mr. Rae: The minister has managed to pass the buck not to one other level of government but to three: the International Joint Commission, the federal government and the municipality.

Can the minister explain why, in a letter dated November 28, he stated as follows: "The primary responsibility for the protection of private shoreline property rests with the individual property owner"? I apologize; it is not three, but four, because now he has just shifted it onto the individual home owner. He says, "Governments have never been in a position to guarantee protection from erosion and flooding damage along the Great Lakes."

God gave more help to Noah with respect to what is happening to flooding. Why is the minister not prepared to recognize that the government of Ontario has a responsibility to these home owners and to other people in this area? He can do something about controlling flooding. It has been done for approximately 4,000 years.

Hon. Mr. Kerrio: I accept the fact that we are responsible for many of the circumstances that relate to our role as the Ministry of Natural Resources. I must also bring to bear the fact that the Minister of Municipal Affairs (Mr. Grandmaitre) is very much involved. While ours is the lead ministry, while we have conservation authorities in the very areas that are threatened and we can do a lot of the monitoring and things that need to be done, we need help from various other levels of government. We could use some help from the leader of the third party, rather than much of the criticism he raises on an issue that is very important.

Mr. Pollock: If the minister is so concerned about flood control, why did he pull the funding of \$4 million for a flood control dam on the Moira River at Belleville?

Hon. Mr. Kerrio: The honourable member is stretching his imagination to use that as a supplementary. However, as long as it is a tributary to the Great Lakes, I suppose one could stretch one's imagination and include it.

The fact is that our conservation authorities have for a good, long time been developing flood plain mapping, doing the things we hope to do to help protect the citizens of Ontario.

I hope the leader of the third party will listen to this, because it is important as it relates to this issue. We have had a very difficult time putting those plans into effect. In fact, one of the problems we are having with many of the areas that are flooded is that they are built within those flood plains. We have to do something to plan so it will not be allowed to happen in the future.

Mr. Hayes: This issue has been raised several times in the past seven or eight months with the Minister of Natural Resources and has also been brought to the attention of the Minister of Municipal Affairs.

The minister met with municipal officials, representatives from the conservation authority and other groups. These groups agreed that his shoreline protection loan plan was inadequate.

Mr. Speaker: Supplementary.

Mr. Hayes: Will the minister take immediate action to protect the people and protect the properties along the shorelines of Windsor and Essex counties that are now in imminent danger of flooding this spring or sooner?

Hon. Mr. Kerrio: We have taken into account the circumstances that exist there; we have met with elected officials and all the people who have some concerns. We met with them all when they were brought to Toronto on four

different occasions. They have to share some of that responsibility as it relates to the Municipal Act and those aspects that relate to municipalities.

The fact of the matter is that we are going to need everyone involved to come together to solve the problem. It is not going to be done—

Mr. Hayes: Why don't you listen to them. They pointed out the inadequacies. When is the minister going to do something.

Hon. Mr. Kerrio: The consideration even today is such that the federal and provincial governments are extending the money that is needed to do the studies, planning and plotting of those areas being flooded. The press release today was a joint effort of Environment Canada and the Ontario Ministry of Natural Resources. We are doing everything we can to resolve the problem.

COURT RULING

Mr. Gillies: I have a question for the Attorney General.

Does the Attorney General agree with recent statements by crown counsel in this province that the duration of a sexual assault should be a prime and determining factor in the seriousness of that assault?

Hon. Mr. Scott: I have not seen the statements. If the honourable member will be good enough to send them over, I will be glad to look at them and provide an answer to the question.

Mr. Gillies: I am surprised the Attorney General would say he has not seen them because they are contained in a letter he sent to me.

In questioning his staff, we found that the determining factors in judging the seriousness of this type of offence are considered to be the duration of the assault, the nature of the assault, whether it was repeated, and the age of the victim. How can the Attorney General remain as minister responsible for women's issues when his crown counsel is sending out a message which implicitly says that an assault on a 12-year-old is by its nature less damaging than an assault on a 15-year-old and that an assault of 15 minutes is by its nature less damaging than an assault of 30 minutes?

Hon. Mr. Scott: I cannot respond to the member's question unless he shows me the document from which he is reading, which he says emanates from the crown law office. If he will show it to me I will be glad to give my views about it at any time.

EQUAL PAY FOR WORK OF EQUAL VALUE

Ms. Gigantes: My question is to the minister responsible for women's issues.

I would like to ask the minister about the makeup of the hearing panel he has just announced on the matter of equal pay for work of equal value in the private sector. Why does he feel that a panel with the makeup he has described will provide him with any kind of objective reading of how the public feels on this question? This is a panel that has its ears trained on one side; it is used to listening to the business arguments of matters. How can we expect to get any kind of report from this panel that will be useful in looking at how to make up this legislation?

3:10 p.m.

Hon. Mr. Scott: I am troubled that an honourable member in this House, who probably does not even know the members of the panel, would dare to say, of three people in this province who are donating their time to this effort at very modest remuneration, that they have their ears open only to one side. Maybe she has her ears open only to one side. That kind of gratuitous insult to people who are willing to serve the Ontario public is not justified.

The panel was selected because we wanted to get three people who were aware of the problems and advantages associated with equal pay for work of equal value in the private sector and who had associated themselves, by study or experience, with the development of these programs. All those people in Ontario, including businesses, trade unions, chambers of commerce and other groups who desire to be heard, will be heard by these people, with the recognition that the consultants have knowledge of the territory that is being considered. I am quite proud of the panel.

Ms. Gigantes: No doubt it is a panel to be proud of for another purpose, but not for this one. I happen to know one of the panelists, having gone to university with her. This is a panel composed exclusively of people with wide business background.

How does the Attorney General reconcile his statement today that the panel will be listening to a wide range of "business, labour, community and women's groups as well as members of the public" with his statement on the next page that people should contact the Ontario women's directorate to make an appointment and that the selection of the people to be heard will be on a

first-come, first-served basis? What if all the business people in Ontario get there first?

Hon. Mr. Scott: What griping this is. The fact is that we are meeting in these five cities and we want everybody who wants to be heard to be heard. We have made a simple request that they should write us a letter, they do not have to send us copies of their briefs, so we can tell them to come at 10 o'clock, at four o'clock or at three o'clock and not have them all arrive at 10 o'clock and wait all day and into the evening to be heard.

It is precisely the kind of service that the clerks of the committees of the House regularly perform to convenience people. We have arranged that people will be heard in the order in which they put in their names so that if it is necessary to schedule further hearing dates in other locations, those who have indicated their—

Ms. Gigantes: That will take until next Christmas.

Hon. Mr. Scott: Just hush.

The honourable member sees a cynical objective behind every principle of order. The reality is that the purpose of asking them to put in their names is to achieve a timing. They will be heard in the order in which they submit their requests.

Mr. Gillies: I am astonished that the minister would think it unreasonable that this panel should include a representative either of labour or of the women's movement. I am not criticizing the qualities of the three people he has appointed, but would the minister not now rise in this House and say he will add to this consultative panel a representative of the labour movement and one of the women's movement?

Hon. Mr. Scott: Now there, Mr. Speaker, is a question, and the answer to the question is that we have two panels in the course of preparation, one of which has met already. They will be composed, in the first instance, of representatives of the business community, and in the second instance, of representatives of the trade union movement. I will announce the composition of those panels very shortly.

LIBERAL CANDIDATE

Mr. Timbrell: I have a question for the Premier, knowing he shares my interest in seeing people of all cultural or ethnic backgrounds more involved in the political process. Would the Premier confirm that Styli Pappas, a candidate for the Liberal nomination in the constituency of York East for the soon to be announced by-election, has been asked by officials of the Liberal Party to step aside?

Hon. Mr. Peterson: First of all, it is none of the honourable member's business; but the answer is no.

Mr. Timbrell: With all due respect, I would rather share with this House and with the public the responsibility for the political process and not leave it exclusively in the Premier's hands. It is very much my business.

Second, will he ensure that no offers have been made or will be made to Mr. Pappas to step aside with the promise of appointment by his government to some agency, board or commission?

Hon. Mr. Peterson: I find this a most interesting question. Here is a man who should have been prosecuted for violating his own party's rules on spending at the convention. Have we brought this up in the House? No, we would never bring it up, because it is an internal party matter. He is a man whose government appointed Morley Rosenberg, a man who was part of a government that traded a judgeship and he comes—

Mr. Speaker: Order. Will both members take their places.

Mr. Timbrell: On a point of privilege, Mr. Speaker: While I recognize that I probably hit a nerve and the Premier wants to avoid the question, by using the word "prosecuted" in his comment he implied I have done something that is illegal in the Dominion of Canada. That is patently false and I demand that he withdraw and apologize.

Hon. Mr. Peterson: I have touched a nerve and I think the matter should be aired in the House. We want to ask the president of the Progressive Conservative Party of Ontario, who is a member of this House, to stand up. He set the rules, and this man violated them and his leader violated them. We should bring the full weight of this Legislature to bear to help the poor president who has been beaten up by these two people violating the rules. We are here to help him.

Mr. Timbrell: With respect, Mr. Speaker, I am raising a point of privilege. My privileges have clearly been abridged by the Premier. He has neither withdrawn nor apologized and I insist on a ruling from you.

Mr. Rae: Mr. Speaker, on this point, there is some fundamental ambiguity in what the Premier said. I think we can accept that the phrase "should be prosecuted" has certain basic connotations with respect to the force of the criminal law, and none of us would want to see the criminal law used against the Tory party at this stage of the game. Perhaps the game protection

law or some law of that kind would be appropriate, but not the full force of the criminal law.

Given that fact, I am sure the Premier will not want it to be said that the Mounties or the Ontario Provincial Police or somebody else should somehow be involved in whatever may or may not have occurred at the Conservative convention. I call on him to clarify and withdraw that remark in so far as it has that connotation.

Mr. Speaker: I have listened carefully to the discussion, which has taken a considerable amount of time. I do not believe the subject under discussion is a matter of law. However, I did hear the Premier say the member should be prosecuted. I wonder whether the Premier can find some other word, because that is quite strong. Will he withdraw that word?

Hon. Mr. Peterson: I would never imply that the Mounties or the OPP should come after my dear friend in the circumstances. I just assumed that since he has broken the internal laws of his own party, there might be a problem. I do not expect—

Mr. Speaker: Will the Premier withdraw? Interjections.

Mr. Speaker: Order. The Premier has withdrawn.

Mr. Shymko: On a point of privilege, Mr. Speaker: As I think we in this House have traditionally been allowed to do, this may be the occasion to remind the honourable members on a nonpartisan basis that the Premier's office signed an official proclamation on behalf of this Legislature on the 60th anniversary of the declaration of independence—

Mr. Speaker: Order. With respect, you are abusing question period time.

3:20 p.m.

A AND P FOOD STORES

Mr. R. F. Johnston: I have a question for the Premier that will also touch a nerve, one that is in a slightly more serious vein than that in which we have been involved for the past few minutes.

I have been made aware that a number of Dominion stores that were remaining since the A and P sale are now being sold. On February 1, Square One will close; February 15, Sherway and Orillia will close; February 8, 55 Bloor St. will close; March 1, 2285 Sheppard Ave. will close; February 1, 985 Woodbine Ave. will close; February 1, Warden Woods Mall Dominion Store will close; February 22, 1089 Kingston Road will close; and on March 8, the Napanee store will close.

The Premier has known that this would be happening. We warned him about this systematic divestment since last May, when he received the first correspondence. I have spoken to the Minister of Labour (Mr. Wrye) on this any number of times. What is he going to do to protect the workers who are being left with no protection at this time?

Hon. Mr. Peterson: Is the member telling this House today, and telling me, of some new news? I am not aware of the new news that he brings to us. I am aware, in general terms, of the sale. I do not know what the plans are for anyone else taking over, or what is going to happen, but I am prepared to look into it and see what we can do to assist.

Mr. R. F. Johnston: All of these stores are being closed. Some of them are being sold to the Mr. Grocer and other kinds of independents with no guarantee for those workers. As the Minister of Labour is well aware, there is a systematic approach to reducing each of those stores to fewer than 50 employees so that nobody is eligible for severance pay.

The Premier has known about this for months. We have warned him about it for months and nothing has been done to protect these workers. What is he going to do now that we have warned him of is happening? Soon there will be no Dominion stores left, or maybe one or two in name only by April 1.

Hon. Mr. Peterson: We will look at the situation. If there are any laws being violated in this province, we will make sure that stops. I will ask the Minister of Labour to take a very close look at it.

RENTAL ACCOMMODATION

Mr. Gordon: I have a question of the Treasurer in the absence of Minister of Housing (Mr. Curling). How many rental units will be built in Ontario in 1986?

Hon. Mr. Nixon: I do not know. The member has seen the allocation of funds in the budget of October 24. He knows the commitment made for the support of housing in this province, particularly compared with the inadequate support in recent years. We have to make up for lost time.

The Minister of Housing has announced his policy. He brought forward bills to this House. I can assure the member that in the allocation of funds, both in the present fiscal year and in the coming fiscal year, there will be dollars sufficient to meet our commitments.

Mr. Gordon: Given the fact that even the government's most optimistic projections in its

assured housing policy fall far short of the forecast need for housing in this province, and given the fact that we have people living in tents, in motel rooms, in gas station washrooms, will he tell this House what his government will do over and above what it has already committed to rectify this situation?

Hon. Mr. Nixon: The answer has been given to the member and his colleagues repeatedly over the last weeks. The remedy does not lie in a week or a month, but it lies in the usefulness of new policies designed to meet these demands, which have grown up over many years where the allocation of funds and the allocation of policy and thought have been most seriously inadequate.

The people of the province have indicated their strong support for the initiatives taken by the Minister of Housing. I can assure the member we are striving to meet these needs, and I trust we will.

Mr. McClellan: I am sure the Treasurer has been made aware of the article in Wednesday's Toronto Star by David Lewis Stein wherein Mr. Stein indicated that there is a tremendous amount of confusion with respect to how many housing units the government intends to finance itself, first in 1985-86 and, second, in 1986-87, and what the share of those units between the federal and provincial governments is under an incredibly complicated new funding formula.

Will the Treasurer review the confusion that is set out in Mr. Stein's article and undertake to come back to the House, perhaps with the Minister of Housing when he returns, and present to us a clear and understandable statement of how many units the government intends to fund in 1985-86 and how many the government intends to fund in 1986-87 in addition to federal allocations?

Hon. Mr. Nixon: I will bring the honourable member's request to the attention of the minister.

CANCER TREATMENT CENTRE

Mr. Martel: I have a question for the Minister of Health. The minister will be aware that the executive summary in the report of the Provincial Role Study of Cancer Services in Ontario, looking into the organization of cancer treatment services in the province, states in part, "Not to approve development at the Ontario Cancer Institute since 1972 and to build a new centre in Sudbury appear problematic."

I am sure the minister is aware that people are vitally concerned about the words "appear problematic." Will the minister assure the people

of Sudbury and eastern Ontario that funds will be made available in the new fiscal year 1986-87 to construct the cancer centre?

Hon. Mr. Elston: The honourable gentleman continues to express an interest in that project, and I thank him for the question. It is a follow-up to earlier inquiries that he and the member for Sudbury (Mr. Gordon) have made.

We have checked with staff in the institutional branch of our ministry and, as I understand it, the planning process is going on at the Sudbury site. As far as I know, the timing in terms of intentions of flowing funds is on line. I have not received a final report on the status and I cannot tell the member when all the money is flowing, but I understand the planning process has been going as anticipated over the last several months.

Mr. Martel: I am a little nervous because the minister has not said yes definitely. Provided that the plans are finalized, will the minister make the money available whenever the Treasurer (Mr. Nixon) brings in his new budget for this construction year?

Hon. Mr. Elston: I am not sure just how far the planning process has allowed us to flow funds. I know money is flowing to help them to do the planning. I do not know that I can tell the member honestly that money is there to put a spade in the ground because I am not sure it is at that stage. All I can say is that I followed up on the inquiry he and the member for Sudbury made earlier with respect to the status. I had understood from earlier discussions with the ministry's institutional branch that plans are proceeding as they should.

As to the other question about exactly how much money is flowing, I do not know, but as soon as I get a final report from my officials I will share that with the House and with the two honourable members.

Mr. Gordon: I thank the minister for his answer today, but there is one point that bothers me, the member for Sudbury East (Mr. Martel) and many residents throughout northeastern Ontario.

As the minister is well aware, the Ontario Cancer Treatment and Research Foundation has said it does not have the third it requires to pay its share of the capital cost of the new northeastern Ontario cancer treatment centre. When the member for Sudbury East asks the minister whether he is going to provide the moneys, what he is really asking is, in the event that the Ontario Cancer Treatment and Research Foundation does not have its third, will the ministry and/or the Ministry of Northern Development and Mines

provide that other third so that this cancer treatment centre can go ahead? I would appreciate an answer to that.

Hon. Mr. Elston: That is the further question I have asked my institutional people to look into. They were not aware of the difficulty with respect to the third or whatever level of funding. They are now seeking out answers and trying to come to grips with the problem. The institutional branch had understood that everything was proceeding normally. I have asked them to check into that and other aspects so I can provide a little more detail with respect to money flow and opportunities for that area.

I can tell the members that we would not have been working with the oncologists in Sudbury if we were not anticipating providing the mechanism for planning to progress to construction.

3:30 p.m.

TRAPPING CONTRACT

Mr. Harris: I have a question for the Minister of Natural Resources. Will the minister explain why he has slandered the professionalism and the abilities of trappers in the Chapleau area by refusing, in his letter dated October 31, 1985, to insist that they be given an opportunity to participate in a state of Michigan project to capture and transport live martens from the Chapleau crown game preserve, a contract in excess of \$50,000, which amount represents a 25 per cent increase in revenues to the Chapleau trappers and much needed employment for the members of the Chapleau Area Trappers' Council.

Hon. Mr. Kerrio: That was no criticism of the trappers of the Chapleau area. It was a joint effort whereby we were going to allow a marten to go into the United States to renew that species in an area where this kind of project was well worth consideration. The people who were brought in to do the trapping were paying for the research and for the program, and they had some concerns about how the trapping should be carried on in order to take those animals back and make certain they would fulfil their expectation of renewing the species.

We in Ontario can be very proud that we do this kind of research with moose, geese and martens and bring the kind of impact from the other direction in the form of wild turkeys.

Mr. Harris: The minister knows that Ontario trappers would never be trapping in Michigan. The contract involves Ontario wildlife. It is an Ontario crown preserve. Ontario trappers certified by our government want to do the work. The

staff wildlife specialist for the state of Michigan says he wants to use Ontario trappers, particularly in the future. That is more than they can get from the Minister of Natural Resources.

Will the minister now acknowledge the rights and skills of the trappers? Will he contradict a statement by the ministry that they do not have the expertise to live trap, and will he respond to their request—as even the state of Michigan wants him to do—and establish a provincial policy giving Ontario trappers and other wildlife professionals first right of refusal for all—

Mr. Speaker: Order.

Hon. Mr. Kerrio: The honourable member is going beyond the bounds of good common sense when he says I have suggested that our trappers are in any way less able to do their job when they trap animals for furs. We were talking about very special research in which one had to live-trap the animals.

I suggest to him that in the future, if co-operation can be obtained from the state of Michigan on these kinds of resources, our trappers will be given every right to participate in that kind of program.

Mr. Laughren: Can the minister briefly give us a very simple assurance: namely, that this will not happen again?

Hon. Mr. Kerrio: I do not know that I can give that kind of assurance immediately. I am suggesting that I would share with the member the reasonableness if we are going to have an exchange. I am prepared to say now—

Interjections.

Hon. Mr. Kerrio: I am going to say it, if members will listen. I am suggesting that our trappers in Ontario have top priority; and yes, this minister will do everything that can be done in their favour.

INSURANCE RATES

Mr. Swart: I have a question of the Minister of Community and Social Services about the tremendous increase in liability insurance that has been assessed against the associations for the mentally retarded in this province. As of January 1 the rate will have increased by 446 per cent in St. Catharines, 685 per cent in Welland and 887 per cent in Niagara Falls. Those increases were flagged last August and the ministry has known about them for months.

Will the minister, realizing, as he must, the serious impact this will have on the operation of the associations, tell this House whether he has had consultations with the Minister of Consumer

and Commercial Relations (Mr. Kwinter) and whether that minister indicated that those kinds of increases could be justified?

Hon. Mr. Sweeney: I have had considerable consultation with the Minister of Consumer and Commercial Relations and I can share with the House that the minister has been most helpful in assisting several of the agencies to which this ministry transfers funds to get insurance when they could not get it themselves.

The member will be aware of the fact that an agency right here in Metro Toronto that provides day care services was faced with the lack of insurance as of February 1. That has been rectified through the good work of the Minister of Consumer and Commercial Relations, and I publicly thank him for it.

Speaking to the more general question, we have said very clearly to the various agencies with which this ministry works that we will not under any circumstances see their services reduced, that we will assist them in finding insurance from other sources and that we will also assist them in funding those sources, whatever they happen to be.

On the question of whether or not the rates are valid, I am sorry, I cannot respond to that.

Mr. Swart: Since the minister has said he does not know, nor does the Minister of Consumer and Commercial Relations know, whether those rates were justified, let alone worthy of rollback, recognizing that constitutionally the province has full responsibility for insurance rates—let us make no mistake about that—will the minister now go further and tell this House that he will provide the total extra funding over and above the four per cent normal transfer to pay the additional cost of that liability insurance?

Hon. Mr. Sweeney: As the member is probably aware, we sit down with each of the agencies to whom we transfer funds and allocate to them the range of funds, depending upon the services they require to meet their needs. I am reasonably sure that all of these agencies are going to include in their service plan for this coming fiscal year the fact that they have increased costs of insurance, and that will have to be built into the transfer funds that we provide to them for a whole range of services.

I obviously cannot tell the member that there will be an automatic amount put on top, but I can clearly tell him that is a factor that will be considered and we will be fair and reasonable with our transfer agencies in including this figure.

Mr. Shymko: Mr. Speaker, on a point of privilege: I was cut off during question period, but I just want to ask the Speaker for the privilege of informing the members—as was done by the member for Parkdale (Mr. Ruprecht) in November 1985—of certain events which the members of this Legislature—

Mr. Speaker: Order. I appreciate that a very short time ago the member sent me a note saying he would like to bring up a point of privilege and then, in brackets, “of information.” I have to say this is a point of information.

I had a request from another member asking if he or she could stand up. I wrote back and said that the proper way to inform members of this is by memo through the mail. I hope the member will be agreeable to that.

There have been occasions when, early, as soon as the House rises, if I am notified prior to the opening of the House, that has been done. That would be the case and will continue to be the case.

Mr. Shymko: I would like to have clarification on a point of order, therefore.

Mr. Speaker: Order. I have ruled that the honourable member cannot at this time.

Mr. Shymko: I find it unprecedented in terms of the privileges of members of this House.

Mr. Speaker: Order. I have made the ruling.
3:40 p.m.

PETITIONS

CONSTITUENCY BOUNDARY

Mr. Pollock: I have a petition which reads as follows:

“To the Lieutenant Governor and the Legislative Assembly of the province of Ontario:

“Whereas both reports of the electoral boundaries commission have recommended that the townships of Thurlow and Tyendinaga, the town of Deseronto and the Tyendinaga Indian reserve be removed from the Hastings-Peterborough constituency;

“Whereas these municipalities are part of Hastings county and work with the provincial and county offices in the city of Belleville, the county seat, rather than offices located in other county seats;

“Whereas these four rural municipalities have a community of interest with other rural municipalities in Hastings-Peterborough;

“Now therefore we, the undersigned, petition the Lieutenant Governor and the Ontario Legislature to leave the townships of Thurlow and Tyendinaga, the town of Deseronto and the

Tyendinaga Indian reserve in the Hastings-Peterborough constituency.”

This is signed by 36 members of the Foxboro Second Milers Senior Citizens Club.

I have another petition. I am not going to read the whole thing, just the following:

“We, the undersigned, petition the Lieutenant Governor and the Ontario Legislature to leave the townships of Thurlow and Tyendinaga, the town of Deseronto and the Tyendinaga Indian reserve in the Hastings-Peterborough constituency,”

This is signed by 29 members of the senior citizens club in Deseronto.

Another petition reads:

“We, the undersigned, petition the Lieutenant Governor and the Ontario Legislature to leave the townships of Thurlow and Tyendinaga, the town of Deseronto and the Tyendinaga Indian reserve in the Hastings-Peterborough constituency.”

This is signed by 91 members of the Plainfield Women's Institute.

Another petition reads:

“We, the undersigned, petition the Lieutenant Governor and the Ontario Legislature to leave the townships of Thurlow and Tyendinaga, the town of Deseronto, and the Tyendinaga Indian reserve in the Hastings-Peterborough constituency.”

This is signed by 19 members of the Carmel Women's Institute.

REPORTS

STANDING COMMITTEE ON GENERAL GOVERNMENT

Mr. McCague from the standing committee on general government reported the following resolution:

That supply in the following amounts and to defray the expenses of the Ministry of Citizenship and Culture be granted to Her Majesty for the fiscal year ending March 31, 1986:

Ministry administration program, \$7,121,700; heritage conservation program, \$22,559,700; arts support program, \$51,777,400; citizenship and multicultural support program, \$10,241,700; libraries and community information program, \$12,665,000; and capital support and regional services program, \$43,653,100.

STANDING COMMITTEE ON RESOURCES DEVELOPMENT

Mr. Laughren from the standing committee on resources development reported the following resolutions:

That supply in the following amounts and to defray the expenses of the Ministry of Energy be

granted to Her Majesty for the fiscal year ending March 31, 1986:

Ministry administration program, \$4,479,300; policy and planning program, \$3,271,800; energy management and technology program, \$21,340,900; Ontario Energy Board program, \$1,684,600; and energy investment program, \$33,250,000.

That supply in the following supplementary amounts and to defray the expenses of the Ministry of Energy be granted to Her Majesty for the fiscal year ending March 31, 1986:

Ontario Energy Board program, \$1,067,600; energy investment program, \$305 million.

MOTIONS

COMMITTEE SITTINGS

Hon. Mr. Nixon moved that the standing committee on the Ombudsman be authorized to meet following routine proceedings on Monday, January 27, 1986.

Motion agreed to.

Hon. Mr. Nixon moved that the standing committee on administration of justice be authorized to meet following routine proceedings on Tuesday afternoons during the committee's consideration of the estimates of the Ministry of the Attorney General and Bill 7.

Motion agreed to.

NOTICE OF DISSATISFACTION

Mr. Speaker: Pursuant to standing order 28(a), the member for Brantford (Mr. Gillies) has given notice that he is dissatisfied with the answer to a question given by the Attorney General (Mr. Scott). This item will be discussed at 10:30 this evening.

ANSWERS TO QUESTIONS IN ORDERS AND NOTICES

Hon. Mr. Nixon: I am tabling the answers to questions 126, 127, 128, 150, 151, 156, 157, 161, 174, 175, 176 and the interim answers to questions 152, 153, 154, 155, 158, 159 and 160 in Orders and Notices [see Hansard for Friday, January 24].

ORDERS OF THE DAY

PRIVATE MEMBERS' PUBLIC BUSINESS

NON-SMOKERS' PROTECTION ACT

Mr. Sterling moved second reading of Bill 71, An Act to protect the Public Health and Comfort and the Environment by Prohibiting and Controlling Smoking in Public Places.

Mr. Speaker: As the member is well aware, he has up to 20 minutes. If he wishes to reserve any of that for the end of the debate, he may advise the chair.

Mr. Sterling: I shall so reserve it.

I am grateful for the opportunity to bring this issue of nonsmokers' rights before the Legislature today. As much as I would like to take credit for the fine timing by which this bill is being brought forward during National Nonsmoking Week, I must admit it has been by good chance rather than good planning. However, this week does focus on the detrimental effect on the public of first-hand and second-hand smoke.

At the outset, I would like to put forward a few of many statistics on the hazards of the use of tobacco to put the problem relating to tobacco in perspective as to how serious it really is.

Canadians in general are leaving the habit of smoking. In 1970, about 41 per cent of the population were regular smokers, whereas in 1983 this had been reduced to about 31 per cent. An interesting fact pointed out in the 1983 statistics of the Department of National Health and Welfare is that it seems the more educated a person is in our formal education system, the less likely he is to smoke. Forty-seven per cent of the people who have not finished high school are regular smokers, while only 20 per cent of the people who finished university are smokers.

Therefore, we can perhaps draw the conclusion that more informed people or those who are able to seek information in relation to the hazards of smoking have rejected the idea of smoking.

3:50 p.m.

Perhaps the most significant factor in this whole debate on smoking and the sanctions government should take against smoking relate to the fact that 30,000 deaths in this country are attributable to smoking. One fifth of the deaths that occur in this country and this province are related to the habit of smoking. Those statistics relate to first-hand smokers in general. However, this bill deals not with the effects of smoke on smokers, but with those who do not wish to smoke and by circumstances are forced to breathe someone else's smoke. My objective in bringing the Non-Smokers Protection Act before the Legislature is not to penalize those who wish to smoke, but rather to protect those of us who are subjected to that smoke.

According to a recent study done by Dr. House for the Ministry of Labour in June 1985, which has gained international recognition but seems to be less recognized here at home, evidence indicates that as much as 86 per cent of the

population of Ontario encounter second-hand smoke at work or at home. Dr. House also concludes that there is now sufficient evidence to show there have been detrimental health effects because of involuntary exposure to tobacco smoke.

A recent study by the United States Environmental Protection Agency estimates that between 500 and 5,000 nonsmokers die each year in the US of lung cancer caused by others' cigarettes. It has been long recognized in this province by the Workers' Compensation Board, going back to 1979, that smoke damage in the work place is a compensable work-related injury from the involuntary smoke of other workers.

We should not wait for more and more studies, as the tobacco industry is suggesting. Its credibility is well known, as evidenced by its stalling techniques over the past 20 years in dealing with first-hand smoke. We should not wait to protect nonsmokers from what is indeed a health hazard in the inhalation of second-hand smoke.

One might ask why a provincial law is necessary when many municipalities have already passed bylaws dealing with this matter. Though many of our larger municipalities have done this, many other municipalities have not. This is particularly true of small municipalities where municipal councillors are not full-time and do not have the time to deal with health-related issues. Also, many small municipalities, quite frankly, do not have the expertise to draw up a bylaw dealing with this kind of matter.

We now have in place in this province dozens of sets of rules dealing with smoking in public places. We now have an indication that municipalities want to start to draw up bylaws to deal with smoking in the work place. Do we want different rules for each of the different seats of municipal government across our province? In my opinion, such a different set of laws is foolhardy and the answer should be no.

As lawmakers in this province, we should attempt to make the law as clear as possible so that the public understands it. Different laws across the province invite confusion. If the municipalities take the lead in formulating nonsmoking protection laws in the work place, we will not only have confusion in dealing with smoking in public places but we will also have a plethora of laws across the province dealing with the matter.

What we need and what I am proposing in this bill is a uniform minimum provincial standard to deal with nonsmokers' rights in the public

place and in the work place. Quite frankly, I am getting a mixed signal from this government as to whether there is a commitment to reduce smoking in our province.

In answering a letter to Mrs. Evelyn Johnston of Markham, dated September, 1985, the Premier talks about co-ordinating and collaboration and developing a national strategy to reduce smoking; but his government has not made a definitive statement against the use of tobacco, which has detrimental effects on the health of our provincial citizens. It is causing somewhere between 8,000 and 10,000 deaths in this province. Yet we have a government that is reluctant to take a leadership role in this area. In fact, the opposite may be true.

Experts agree that the consumption of tobacco is directly related to the price of tobacco products. The deterrent of higher tobacco prices has a greater effect on the younger people of this province, because of their limited income, than it does on our older people.

Recommendation 4 of the 1982 report of the Ontario Council of Health said the government should double the price of tobacco in one year. What did this government do in its October budget? In effect, it condoned a decrease in the price of cigarettes, which has taken place over the last year and a half. In order to keep consumption of tobacco at the same levels as it was in June 1984 through the effect of price on the consumption of tobacco, it would have been necessary for the Treasurer (Mr. Nixon) to increase the price of tobacco not by one cent, but by 18 cents.

Since June 1984, there has not been an increase in the tax on tobacco. If the Treasurer had wanted to indicate to this province that he wished to keep the consumption of tobacco down, he would have allowed the ad valorem tax to take place. If there ever was an argument for an ad valorem tax, this was it, because then the tax on tobacco would have increased with inflation and kept the consumption of tobacco down. It also would have added some \$125 million to the provincial Treasury.

If this Legislature passes this act, it will not only protect nonsmokers, but it will send out a clear statement that we in this Legislature are against smoking because of its hazardous health effects. A clear statement from the government would indicate to our young people that it is not only socially acceptable to make this statement, but it is desirable to be a nonsmoker. If this act is implemented, the nonsmokers in our society would insist on their rights and act as proper

examples for our young people. It would have a very positive spinoff for those young people.

This legislation does a number of things. It protects nonsmokers in public places by guaranteeing smoke-free areas for individuals who choose not to smoke. This bill severely restricts smoking in public places where children, who have greater vulnerability to the hazards of second-hand smoke, are present. It provides special rights for nonsmokers in health care facilities. It also permits the government to go ahead and make regulations governing smoking in the work place.

4 p.m.

Unfortunately, I did not have the time or the expertise to formulate all of the laws in relation to making reasonable and practical rules for smoking in the work place, but this is permissive and allows the government to go ahead with that process.

I did not get these sections out of the air. I referred to the report I mentioned earlier that was done for the Ontario Council of Health. The report is entitled *Smoking and Health in Ontario: A Need for Balance*. Of course, because the bill may have minor flaws in some sections, I will be happy to consider constructive amendments if this bill passes.

To gain support for this bill I advertised its intent and objectives in the *Ottawa Citizen* and the *Kingston Whig-Standard*, and in the last two days I have received some 120 replies to that advertisement. These replies indicate a very healthy support for my bill in the Ottawa and Kingston areas.

I add as a matter of personal interest to you, Mr. Speaker, not hoping to influence your vote on this matter, that there was heavy representation from the riding of Carleton East. I mention for the benefit of the member for Frontenac-Addington (Mr. South) that there was very heavy representation from his riding as well. I notice he is not here today, but I know he is going to come back and vote in support of this bill at 5:50 p.m. I will be most happy to pass along to each of these respondents the voting record of the members on this bill.

It is also interesting to note that, because of the expense of my ad and that fact it was not covered in the legislative expenses, I asked in it for contributions towards the support of this ad. To date I have received approximately 25 per cent of the cost of the ad, and that is in the first two days. I also indicated to people that excess funds, if there were any, would go to the Canadian Cancer Society and the Heart and Stroke Foundation of

Ontario because they deal with the detrimental health effects of smoking.

In summary, I will reply to those who ask: "Why do we need to regulate smokers? Why do we need more regulations? Why can we not just let people do what they want to do?" While I myself do not think it is wise to smoke, I have no objection if an individual makes that move and wants to go ahead and smoke. I object to close friends doing it because I think it will have a detrimental effect on them and I do not like to see my friends get sick.

However, as a nonsmoker, I do not believe I should be forced to breathe other people's smoke in order for me to carry out the normal functions of a citizen here in the province. I do not believe my personal choices or habits should harm others, but in this case a person who smokes and subjects me to his smoke is infringing on my rights in much the same way as does someone who assaults me in another way.

I accord no lesser importance to this than I do to someone who gets in his car after drinking and drives while he is impaired. He is a risk to the citizens of Ontario, and I feel it is time that we in Ontario show leadership in protecting the nonsmokers of this province.

The Acting Speaker (Mr. Morin): I would advise the House that the debate on this bill will conclude at 4:48 p.m. and that pursuant to the order of the House on Tuesday, January 21, 1986, all questions with respect to this ballot item will be deferred until 5:50 p.m. today. The member for Essex South (Mr. Mancini).

Mr. Swart: That is not normal rotation. Point of order, Mr. Speaker.

The Acting Speaker: Yes, I heard you. It is my mistake. The member for Welland-Thorold.

Mr. Swart: I am very pleased to enter the debate in support of this bill submitted by the member for Carleton-Grenville (Mr. Sterling). As he has already stated, its purpose, as we would all agree, is to ensure that as far as possible, nonsmokers will be protected in public places from the adverse health effects of second-hand tobacco smoke.

There is no question that the bill is appropriate and timely. New calls are coming from health authorities all across Canada, particularly in this province, for additional steps to minimize the tremendous health problems created by tobacco smoke. I am one of those people who clips from the newspapers, and I am very conscious of the growing calls for further steps in this regard.

Just a couple of months ago a new organization was formed called Physicians for a Smoke-Free

Canada. They have called on both the federal and the provincial government to take meaningful action, not only to reduce the effect of smoking on nonsmokers, but also to encourage more and more people in our society, particularly young people, to be nonsmokers.

The Addiction Research Foundation issued a release only two days ago setting out the same kind of goals. It was issued during "weedless" week, and it is a very informative and compelling document for the passage of this kind of a bill and for the encouragement of many more people to break the smoking habit.

As legislators, we have an obligation to listen to these voices when they are authoritative, as they are. I therefore want to commend the member for Carleton-Grenville for bringing forward his bill in this House at this time. We are usually behind the rest of the world in measures with regard to anti-smoking regulations and the public promotion of a decrease in smoking.

I listened to the Canadian Broadcasting Corp. this morning at a very early hour on my way to Queen's Park. A report was quoted that said that Canada has the sixth poorest record of more than 100 nations in governmental and public activities against smoking.

4:10 p.m.

We are behind for the reason that we have not had governments with the courage to take the kind of measures the smoking issue warranted. Although I commend the member for raising the issue and bringing forth this bill today—I know he is absolutely sincere in doing so, because he is a man who has taken a stand before on issues that may not have been popular—it was his government, during the last 42 years, that refrained from taking the action it could have taken that might have saved hundreds, if not thousands, of lives which have been lost because of the smoking habit in this province.

The member mentioned a report I want to refer to called Smoking and Health in Ontario: A Need for Balance, which was tabled in May of 1982. That was three years before the Conservative government of this province lost control, and yet during that time there was no action taken by the Conservative government on this very comprehensive report; although I suspect the member for Carleton-Grenville may have tried to push the government into it.

The significant thing about this report is that it was submitted to the member of this Legislature who is now Leader of the Opposition (Mr. Grossman) and who was Minister of Health at

that time. He took no action whatsoever on the report.

First of all, as the member well knows, that report documented the very serious consequences of smoking or inhaling somebody else's smoke. There is a section on the health consequences of smoking and while I am not going to take time to read a great deal of it, I do want to read the first clause.

"Smoking causes death, disease and disability. Overall death rates for male smokers are 1.7 times higher than for nonsmokers, 1.3 times higher for females. The risk of dying between the ages of 35 and 65 is two-and-a-half times higher for daily smokers of 25 cigarettes or more than for nonsmokers. Coronary heart disease is a chief contributor to the excess mortality. Death rates also are higher for chronic obstructive lung disease and for several cancers, especially lung cancer."

Then it goes on to make a number of recommendations. The first recommendation concerns protection from passive smoking. If one looks at Bill 71 which is before us today, we find section 3 is taken to a large extent from that first recommendation. It is a good recommendation. It is a good bill and I am not being critical of it.

Recommendation two calls for additional protection of special groups. It says the government should amend the Public Hospitals Act to require hospital boards and directors to make provision for smoking and nonsmoking areas. This would ensure that nonsmoking patients are not exposed to tobacco smoke, etc. If we look at the bill today, that is section 4.

Then we have recommendation three concerning smoking in the work place which is section 5 of this bill. I am not being critical of the member for having taken many recommendations from this report and putting them in the bill because this was a good report. It was a comprehensive report. It was a study that was done in great depth.

I suggest if the Conservative government of this province, as a government, had been sincere, this bill would have been brought forward at least two or three years ago. The government gave no leadership on this very important health matter during the 42 years it was in power.

As is the member, I am conscious of two adverse effects of reducing the numbers of people who smoke. This is not really the intent of the bill, but certainly is in this health report. We know, first, there would be a loss of income to farmers and jobs in the tobacco factories.

Second, some feel there is an impingement on what people consider to be their right to smoke. Some people might even consider it their right to smoke in this House, but we do not permit that sort of thing.

Although there is some validity to both arguments, I suggest that, on balance, the health consequences outweigh considerations of individual right. If there are further reductions in smoking, there will be more money available to be spent on other things that will create jobs. I know that is no satisfaction to people who may lose their jobs or farmers who may not be growing tobacco, but it is a fact that it will take place. Other jobs will be created and the money will be spent on those.

I want to conclude by asking the Liberals whether some of them will rise and give a commitment that in the near future they bring in some legislation of their own, or to permit this bill to pass, go to committee and have third reading, so we will have some meaningful legislation in the province.

Mr. Mancini: Perhaps I will deal first with the last suggestion of the member for Welland-Thorold (Mr. Swart), and he can correct me if I am wrong. This afternoon we are in private members' hour to give our views on the matter put forward by the member for Carleton-Grenville. The member for Welland-Thorold has asked individual members of the Liberal government to get up and espouse this as government policy by promising that legislation will be introduced or that we will let this bill proceed to third reading.

In my recollection of things past, the member for Welland-Thorold has always been critical of past governments and past government members who used and abused private members' hour for the government party or for reasons not associated with private members' hour.

I see that the member for Oshawa (Mr. Breaugh), the chairman of our standing committee on procedural affairs, is here. He, myself and others, particularly members of the New Democratic Party, have fought long and hard to maintain the independence of private members' hour.

I am very surprised that because the member is in favour of something himself, he now wants us to do what he and we criticized the past government for doing. The member for Welland-Thorold has been here for some time, and he knows the procedure and the system very well. I do not plan to participate in any way in continuing in the destruction of private members'

hour. I am speaking as a private member because that is what this is all about.

As I said earlier, I am very surprised at the suggestion by the member. I know for a fact and I can say without hesitation that if the member for Welland-Thorold would talk to the member for Oshawa, the present chairman of the procedural affairs committee, he would probably hear exactly the same sentiments I have expressed.

I caution the member for Welland-Thorold in his attempt to further destroy and minimize the impact that ordinary private members may have during our once weekly debate. One or two hours per week is set aside for us so we can be private members and speak on a point of view we feel strongly about. I am surprised the member wants to change that.

I have heard all that stuff before from past Conservative governments. I did not like it then and I do not particularly like it now, although deep in my heart I have a great deal of fondness for the member for Welland-Thorold.

4:20 p.m.

Before I inform the House of some of my views, I have to confess I am a part-time smoker. Usually I smoke the cigarettes of the member for Oshawa, and even this morning during our committee hearing he was kind enough to offer me a cigarette when he saw my tongue was hanging out.

I am not sure whether my friend from Oshawa did do me a favour, because I have to concur with all the medical evidence that is available today that smoking is not beneficial to one's health. How damaging it is to one's health is somewhat uncertain, but we know for a fact that it is not beneficial.

I have reviewed a report entitled *The Health Effects of Involuntary Exposure to Tobacco Smoke*, done by the special studies and services branch of the Ontario Ministry of Labour in 1985. I have reviewed this report and I found some of its findings and statements to be quite interesting. I never realized that we had things down so precisely.

The report referred to two types of cigarette smoke. One is sidestream smoke and the other is mainstream smoke. It refers to mainstream smoke as that which a person who is smoking inhales himself. Sidestream smoke is the smoke that emanates from the cigarette and whatever smoke comes out of the individual after he has done whatever he is doing in smoking a cigarette, cigar or pipe.

The evidence in the health effects report indicates that the sidestream smoke we are

talking about, which is what the member who introduced the bill is trying to protect us from, has been and continues to be studied not only here in Canada but also in the United States and in places in Europe. I believe the report specifically refers to Switzerland.

It is stated in the report that there are definite harmful effects from sidestream smoke, and it lists five: (1) the irritation of eyes, nose, throat and a general annoyance associated with these irritant symptoms; (2) the exacerbation of pre-existing diseases, especially asthma and things of that nature; (3) respiratory symptoms, such as coughing and increased rates of upper and lower respiratory tract infections, which particularly affect the pulmonary function test in children who are exposed to sidestream smoke from their parents and wherever else they may be. There is an item 4, but it is highly technical and I will skip over that one. Item 5, the scariest one of all, is lung cancer.

The report goes on to say that the effect of sidestream smoke is greater in an enclosed area where there is very poor ventilation. We can take that for granted.

The smoker has made the conscious decision that this is exactly what he is going to do: he is going to smoke when he feels like it or wherever he is not precluded from doing so at the present time, as he is in elevators and other places. However, I am very concerned about the nonsmokers who are subject to sidestream smoke. I do not think we can frame legislation that would be able to encompass every situation, but I am in favour of expanding the areas where people cannot smoke; for example, on airplanes. I do not see why anyone should have a cigarette on an airplane. Most of the flights are short. There is also a danger of fire.

I am in favour of expanding the areas already restricted. On top of that, I am in favour of some type of legislation which would allow a majority number of workers in a work place to have some restrictions put in place. That is where I stand. I thank the member for bringing such a timely topic to the House.

Mr. Treleaven: I am pleased to speak on Bill 71 and I thank the member for Elgin (Mr. McNeil) for his indication of support for my stand. I am opposed to this bill and will be voting against it.

The proposer of the bill, the member—thanks again to the member for Carleton, who is agreeing with my stand—

Mr. Sterling: Carleton?

Mr. Treleaven: The member for Carleton-Grenville.

Mr. Sterling: I am not agreeing with the member's stand.

Mr. Treleaven: No, with Bill 71, he is considering only the consumers. He is not thinking of the farmers and the people in the tobacco industry.

We have to remember that farmers who grow tobacco are growing a legal crop. They have been making their living that way for several generations. They are not hoodlums or criminals. They are farmers who choose to grow tobacco instead of corn or any other cash crop. In 1980, there were 2,200 farmers in the tobacco business. Now, it is down to 1,800. That is 400 farmers who are no longer in business. The usual rule of thumb is that one multiplies by 10 to get the number of jobs lost. Thus, 4,000 jobs have been lost in the tobacco belt, which is not a very big area. That is an extremely large group to go unemployed in one industry.

Mr. Philip: How many other farmers are out of business?

Mr. Treleaven: There are many others. Tobacco farmers are suffering the same ills as a lot of farmers of other agricultural crops. The reason for it is decreased tobacco consumption. Bill 71 is symptomatic of that decrease in consumption and the health lobby behind it.

As recently as 1982, the crop was 238 million pounds in a year. Last year, it was 170 million pounds. This year, who knows what it will be. The tobacco auctions are not open yet so we do not know how many pounds, whether 170 million, 190 million or whatever, were harvested this year. We do know the tobacco companies needed only about 120 million pounds.

I will give an example of the plight of the tobacco farmer. I am sure my friend the member for Elgin would know better than I that at its height two or three years ago, when one bought tobacco rights—the right to grow and sell tobacco—it was roughly \$2.50 a pound. It went down recently to \$1 a pound, and now there is no market.

Therefore, if one takes the average farm which has a quota of 120,000 pounds—would that be fair? The member for Elgin can nod his head if he thinks I am roughly right. There are many larger and some smaller. Therefore, one sees the average tobacco farmer has probably lost \$200,000 or \$300,000 on his quota alone. That does not take into account that his farm has gone way down in value. The kilns he has on his farm

he cannot give away, let alone sell. He is suffering tremendously.

My friend the member for Welland-Thorold was talking about farmers, the dollar value and so on. The Ontario government takes more than \$500 million a year in taxes out of the tobacco industry, which is far more than it puts into agriculture. The last agricultural budget is far less than \$500 million. That is what it takes out in taxes from one industry alone, and that is only the Ontario government.

4:30 p.m.

This is a good example. The average farm with a quota for 120,000 pounds produces about \$4 million in tax, which is used for a lot of other things. Frankly, I believe some of it should be put back into the farming industry to help those being removed from agriculture and the farming business as Bill 71 and others like it, and efforts of the nonsmoking lobby, take effect and become more powerful.

I had prepared a list of ways we could help farmers, but I do not think I can do better than go back to an article in the Tillsonburg News of December 20, 1985. The headline is "Municipal Reps Meeting Nixon." It says, "Six members of the Committee of Concerned Tobacco Area Municipalities are scheduled to meet with provincial Treasurer Robert Nixon Saturday in Paris."

It goes on to talk about giving him a brief, and I will read from that. It says better than I can say what the agricultural industry in the farming sector needs.

"The original brief suggested, aside from a moderating of government tobacco tax policies, a quota removal program." That means we should use some of the money we have been taking from them in taxes and buy back the quota, buy back the rights and take it out of production, so that at least these farmers do not go out of their farms with nothing. At least they can go out with something, after paying off the bank, and after the tobacco quota is taken out of circulation.

Another thing the article mentions is "consideration of financial losses to farmers resulting from the purchase of now redundant tobacco equipment; consideration of farm families left without employment." I have to refer to the stupid, silly, farmers in transition program this government has brought in: \$6 million for all the farmers in Ontario, including the tobacco farmers, who are going off the farm. When we break it down, we pay minimum wage for up to six months to one member of the family who has left

the farm. Big deal. He has just had a tobacco operation that was probably worth \$1 million, he has gone from the farm, he has lost it, and we are going to give a minimum wage to one member of the family.

Interjection.

Mr. Treleaven: That is right. This is relevant to Bill 71. Maybe the minister does not like me calling the FIT program stupid, but I have just had a chance to say it a second time.

In this meeting with the Treasurer, this is the other side of it, "unemployment insurance benefits, severance benefits and continued funding for tobacco research and alternative crop research." Somebody else mentioned alternative crops to help farmers out. My friend the member for Welland-Thorold did. They need extremely heavy subsidization of the Delhi research centre to try to come along with alternative crops, ones that will not unduly affect the other sectors.

People will say they can grow tomatoes on that land. If they put all the tobacco land in tomatoes, the tomato industry is up the flue. With peanuts it has been a long, tough go. Perhaps my friend the member for Kent-Elgin (Mr. McGuigan) will be more familiar with this than I am, but at this point, when the Americans can dump peanuts at 25 cents a pound across the border in Ontario, we sure cannot compete with that. In fact, we cannot even break even on growing peanuts in the Treasurer's riding just south of mine.

In conclusion, without going through these many other things that the tobacco industry needs, I cannot support Bill 71. It lacks help for farmers. That is the other side of the equation. Massive assistance must come to the tobacco farmers hand-in-glove with this nonsmoking bill and other bills like it. There must be a balanced approach to this. As we bring in the nonsmoking groups—and they have very good statistics to back up their contentions—at the same time they should consider the farmers who are growing this crop and give them some help as some of them are forced out of business.

Mr. Morin-Strom: I am pleased to have the opportunity to speak on this bill. I am disturbed by the comments of the member for Oxford (Mr. Treleaven) who would oppose this bill because it might result in less smoking in Ontario.

It seems to me the case has been overwhelmingly developed as to the cost to society at large and to individuals in our province as a result of the health risks associated with smoking. The issue of farmers who are currently growing tobacco is one that has to be addressed by the Ministry of Agriculture and Food, and a program

has to be put in place to divert their production capabilities into other products.

There is no doubt about that, but I do not see it being relevant to this bill, which is addressing a very important issue, one the public is becoming more and more concerned about and one on which the evidence is building up concerning the hazards and dangers of second-hand tobacco smoke to nonsmokers.

I rise to support Bill 71 because I fully support its objective, which is to protect nonsmokers from the effects of second-hand tobacco smoke. As my colleague the member for Welland-Thorold has laid out so well, the 1982 report of the Ontario Council of Health lays out the facts and the effects of smoking on health in Ontario as well as the need for an approach to ensure the level of smoking is reduced and there is protection for the health concerns of the residents of this province.

I am particularly concerned about the health effects of second-hand smoke and its potential to cause chronic lung disease and lung cancer, plus its detrimental effect on those susceptible to asthma, emphysema and heart disease. I am particularly concerned about children and young people who are put into an atmosphere where they are subjected to smoke against their own volition. Harm is being done which may affect them for the rest of their lives.

I believe these are costs being borne by all of us. These are not costs or risks being borne solely by smokers in society. These are costs not only to those who contract an illness and are unable to work, but also, with respect to health care, these are costs borne by the taxpayers of Ontario.

We have to pay for the health care costs of damage and illness caused to smokers, and as the evidence now indicates considerable damage is being done to nonsmokers who are subjected to second-hand smoke. I believe nonsmokers do have a right to breathe clean air and should not be subjected to the smoke of those who wish to partake of cigarettes, pipes or cigars.

From the point of view of my own family, I have some personal concern about this. My wife suffers to a degree from asthma. We find there are certain types of events, locations and restaurants which we feel uncomfortable visiting because she has this problem. As a result, we currently have to restrict the places where we can be in attendance, at least to some degree.

4:40 p.m.

As well, there is the experience I have had. I am a nonsmoker and I recognize the types of experience in the work place, in an office

environment when having to share an office with a smoker. Conflict results between one worker who feels he has the right to smoke and cannot function properly if he is not able to smoke at a certain frequency during the day and a nonsmoker whose lifestyle and ability to work are influenced by that smoke.

This bill provides for a reasonable set of circumstances that would restrict smoking in public places and in certain environments. Section 2 restricts smoking in public places generally, subject to the designation of specific areas as smoking areas. The language in this section is reasonable and provides a reasonable compromise to allow those who want to smoke an area where they can smoke.

Section 3 asks that the proprietor or other person in charge of an enclosed area make reasonable efforts to prevent smoking by posting a sign designating a seating area where smoking is prohibited.

Section 4 deals with an important part of the bill, which would prohibit smoking in certain areas of health facilities. If nowhere else, health facilities are areas in which smoking should be severely restricted. Many patients suffer particular diseases and illnesses that can be aggravated by tobacco smoke. This section includes the right of every patient to be placed in a nonsmoking room within a hospital or health facility, which is a right every patient should have.

Section 5 provides for nonsmoking areas in work places, which is vitally important. Most people spend a considerable portion of their day in the work place. For nonsmokers, particularly those who have no smokers in their family, the biggest area of conflict with second-hand smoke is during the hours they spend in the work place. That is where this bill could have a tremendous effect on the amount of time people are exposed to secondary smoke.

Overall, this bill is reasonable. I hope the government, despite the opinions of the member for Essex South, will let the bill go forward and be brought to committee for debate and not be held up, as previous governments have done with private members' bills in the past. The Conservative government in the last 42 years had no interest in letting private members' bills go on for possible passage by the Legislature. I hope this Liberal government will take a different tack on private members' business.

I want to express my complete support for this bill and I hope we get a very strong vote in support of it in the Legislature today.

Mr. D. W. Smith: I am also pleased to rise and speak on Bill 71, which was brought forward by the member for Carleton-Grenville. I support this bill in principle. I do not want to stand up in the House and say I am against the tobacco producers and all the industries affected by the tobacco industry.

I could compare what this bill is trying to do, in my opinion, to the car that may be speeding down the highway. From time to time, it may go out of control. It does cause damage and death from time to time, but we have not thrown the cars off the road. We make changes in the highways or pass laws saying that people have to change their way of thinking.

When I say I am supporting this bill in principle, I am not taking anything away from the tobacco industry or trying to kill it. I have had cancer in my family. My mother died from lung cancer, but I know she never smoked a day in her life. I have to think that perhaps all of these things are not caused by smoke. I will not take up any more of the members' time, but I wanted to make that one point.

Mr. Sterling: I would like to thank all of the members who spoke on this bill, in particular those who are going to support it. I appreciate it very much. I say to the member for Welland-Thorold that when we were in government, as Progressive Conservatives we did not pass such a bill. We had an opportunity perhaps to do so. I make no excuses for that. I did not approve of the previous government's actions on it. We should have taken action at that time. However, there has been more recent evidence indicating that second-hand smoke is indeed a health hazard, as the report of June 1985 stated. Therefore, there is more reason to act now than ever before.

I would like to empathize with the tobacco farmers. It is unfortunate they are involved in an industry which does produce a product very detrimental to our people's health. I think the member for Sault Ste. Marie (Mr. Morin-Strom) is correct. The problem should not be resolved by encouraging our people to continue consuming more and more tobacco products. The problem has to be resolved by dealing with their business problems.

I feel very much for them, but as the member for Oxford (Mr. Treleaven) indicated, if we put 400 farmers out of business—I think that was his figure—we have to compare it to the resulting loss of life in this province. There are 8,000 souls we lose to death. I would rather lose my job than die.

The Acting Speaker (Mr. Morin): The time for consideration of ballot item 13 has expired.

Pursuant to an order of the House on Tuesday, January 21, 1986, all questions with respect to this ballot item will be deferred until 5:50 p.m.

HEALTH CARE ACCESSIBILITY ACT (continued)

Resuming the adjourned debate on the motion for second reading of Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

Mr. McLean: I would like to speak briefly on Bill 94. I was hoping the minister would be here to listen. I am not one to be critical of him. I want to dwell more on the direction I feel this province should be taking with regard to health care.

With the Liberal bill to ban extra billing for doctors, we face the danger of losing some of our health care specialists. That is one of the main concerns. This, in turn, could affect the principle of accessibility in health care.

4:50 p.m.

With the previous arrangement, we all had the option of going to a doctor who was in the Ontario health insurance plan, or if we had the financial wherewithal we could opt for another doctor who would extra bill. We have now lost the freedom of selection, as in all likelihood those doctors who did extra bill will probably now move to other areas. They are the key specialists such as we have at the Hospital for Sick Children and the Toronto General Hospital. We have one specialist even in my area who has taken out papers to apply to a hospital in California.

Many people do not realize that doctors who extra bill will accept the Ontario health insurance plan rate as full and final payment in some cases. I have been told that even those who extra bill do so to only about one quarter of their patients.

Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act, holds a great deal of significance for the people of this province. I fear not many people realize the ramifications inherent in the changes this Liberal government is proposing.

Accessibility is my primary concern and the concern of my party. I am afraid a ban on extra billing will curtail that accessibility. I am inclined to go along with the doctors who condemn this ban. I am inclined to believe the freedom for which a professional person studied and worked so diligently is more of a motive than greed, as implied by the Minister of Health (Mr. Elston) and the Premier (Mr. Peterson).

We have one of the best health care systems in the world; not just the free world but the entire world. The free world naturally attracts the most qualified professionals. We built our health care system in this province under the free world concept. I think this concept is in jeopardy.

We in the Progressive Conservative Party have nurtured this system from infancy to its current status as the best in the world. The minister may care to argue with me about this assertion, but let me remind him of two of the more recent and most celebrated operations that took place in Ontario. Both involved intricate surgery to separate two sets of Siamese twins and subsequent surgery to rehabilitate the youngsters, who were from Trinidad and Malaysia.

The people charged with the wellbeing of these youngsters did not take the children to the USSR, Cuba or even to Britain. All those countries have had socialized medicine for years. I cannot recall one occasion when a person has requested that an operation be done in Cuba.

Mr. Harris: Mr. Speaker, can you ascertain whether there is a quorum?

Mr. Speaker ordered the bells rung.

4:57 p.m.

Mr. Speaker: There is a quorum. The member for Simcoe East may continue.

Mr. McLean: As I was saying, I cannot recall one occasion when a person has requested an operation to be done in Cuba. Why not?

It should be shown for the record that there are no ministers in the House, not even the Minister of Health, while we are discussing Bill 94.

Mr. Ward: On a point of order, Mr. Speaker: The minister is tied up in a meeting and has asked me as his parliamentary assistant to carry the bill. I will be taking copious notes on the member's remarks.

Mr. McLean: An excellent substitute, I must say.

There is no incentive for these people to strive for improvement in their field. They get a guaranteed stipend from the government, they work their routine hours and they see their patients with the same degree of concern as a Detroit assembly-line worker would. Work in the health care system there is not as it is here in Ontario.

Accessibility does not exist in other jurisdictions as it does today in Ontario. The waiting time for elective surgery in Britain runs into months. I could only guess at the waiting time in even more socialistic countries. I have heard it

could be years, as high as eight years in some of those countries.

The treatment of a patient in these socialistic medical systems is at best deplorable by our standards. One recent example of this treatment comes to mind when I think of Ron Stewart, the federal member for Simcoe South. He was admitted to a Soviet hospital with acute appendicitis. I talked with him after his return to Ontario. He said that if the medical problem had not overcome him, the ill-treatment in the Russian hospital would have.

He was one of the fortunate ones. He was considered a foreign dignitary and given the best of care under the socialistic medical system. We certainly pity the native peasant. Can one imagine the treatment he or she could expect? We have a health care system that is admired and respected even by the Americans. Why would any Minister of Health or any provincial government want to downgrade the system? It is beyond me and beyond most of the doctors in the province.

One good doctor friend of mine in Orillia suggested that if the minister is out to break the back of the Ontario Medical Association, to break down the pride, professionalism and freedom Ontario doctors have enjoyed for decades, then he is bang on target and is going about it in the prescribed manner. Dr. Don Philpott has written an interesting essay on our health care system with a history of the medical practice. He is a constituent of mine in Simcoe-East and I place considerable value on his comments.

We Canadians possess the amazing capacity for starting programs that have already been tried and abandoned in other nations. We take on these projects because of their obvious merit, sure that we as Canadians can overcome the pitfalls that have led to their demise elsewhere. We did it with the open classroom, hailing it as the greatest new concept in modern education, a full eight years after it has been phased out of schools in the United States, and we are doing it with state-controlled medicine.

This system evolved from the breakdown of the state-controlled medicine spoken of by Plato in the ancient Greek city-states 200 years earlier. In this system there was free access to physicians by all, supported by the state so employers would not have to worry about protecting the health of their employees and the slaves. It became apparent over the ensuing century, however, that state-employed physicians gave a reduced level of care very quickly and very directly, rarely

spending any time with individual patients or having a chance to get to know them as people.

Out of this developed a second level of care for those who were more concerned than the others about their health and the quality of care. This occurred outside the state scheme and physicians were paid directly for their services.

Physicians demanded fair payment for services given. There were two levels of payment. Plato is very firm about this principle in his writings, and he even states patients should be billed while still a little ill and therefore appreciative of their services. He is quoted by Socrates who pointed out that Hippocrates paid his students for treating his own ailments. Incidentally, Socrates also charged for his services of cleansing the mind and the spirit and likened himself to a physician of the soul.

In more modern times, Cuba had state-controlled medicine in the early 20th century and likely still does. It was apparent by 1925 that the top people were no longer entering the profession because of decreasing social stature and level of income. Just as in ancient Greece, there was a diminished level of care for the patient.

In the past quarter-century, Great Britain has had its national health scheme. That was a great boon to this country because it stimulated the exodus of large numbers of British-trained graduates, most of whom came to Canada or went to the United States or Australia. In turn, it provided many job opportunities in Britain for the many medical graduates from India who were eager to join the national health system. The system has now degenerated to the point where a full 85 per cent of elective surgery is done by private surgeons in private hospitals. Otherwise a patient might wait five years to get a hernia fixed.

This is a bad solution because many of the private hospitals do not have the safeguards of the national hospitals, but patients would rather take that chance than wait.

It is interesting to note that Great Britain currently spends more on health care than does Canada, but so does every other western nation. In real dollars per population, we have been on a downward slide since 1971. The Australian government recognized the problems of Britain's system. Years ago they modelled their system after Canada's medicare, which at that time was the best in the world and better funded in real, uninflated dollars than it is now.

Since then, because of government regulation of the medical profession and imposed fee settlements in Australia, the system has been abandoned. In its place are privately funded

insurance schemes through competitive companies, providing a variety of schemes, on the whole less costly than the Ontario health insurance plan. There is still universal access and government-subsidized premiums for those who need them.

The great Canadian experiment goes on. I fear that now, just as in Plato's day, state-controlled medicine will provide basic, mediocre services, Band-Aid treatment for diseases, with little time for learning about, much less looking after and educating the patient as a whole, a person with individual problems and needs.

Perhaps for most this will be sufficient, but inevitably there will be those who place a higher value on health and demand more. Once again, those patients will make individual arrangements with physicians to pay them directly for the kind of treatment they desire and feel they deserve.

This government is banning extra billing solely as a matter of political expedience. There is a vast difference between political expedience and responsible government. The Premier promised to end extra billing and damn the torpedoes. He did not promise to end the world's best health care system, but that is what the doctors say he is doing.

This party is not fighting to preserve the doctors' right to extra bill. We are fighting, plain and simple, to maintain the excellent health care system to which the people of this province have been accustomed.

When a member of the minister's own party who is a physician in psychiatry refers to the proposed changes as draconian and punitive, and says they will lead to the deterioration of quality in the health care system, then the minister must get some kind of message that his Band-Aid scheme is not on target as far as the public good is concerned. When the member for Humber (Mr. Henderson) says he felt the Liberal Party campaigned on a promise to negotiate an end to extra billing, what does the minister think the average voter understood? Could the average voter have been misled?

This government has managed to antagonize the lawyers with the abolition of the Queen's counsel title. They aggravated the pharmacists with their refusal to negotiate on Bills 54 and 55 until the pressure of this opposition persuaded them of the error of their ways. Now they are antagonizing the medical practitioners of this province. A ban or prohibition of extra billing by doctors may sound good, but when we consider the ramifications, it is not good sound legislation.

As the minister may remember from the writings of Dr. Philpott, doctors do not serve well under a socialist scheme, and the people are not served well when we consider the small percentage of doctors who opted out under the program as we had it under the Conservative government in Ontario.

5:10 p.m.

That program was working, and I have had people from my riding say they felt the system was serving the people even when we had 11, 12 or 14 per cent, depending on the figures, whichever we care to use. They never felt slighted by extra billing. If they felt their practitioner was worth the extra, they paid it. If they felt they could get equivalent service from another doctor, that is where they went. They had the freedom this government wants to legislate away.

I do not want to go to a doctor who feels, in the eyes of this government, that he is equal to an assembly-line worker. I am not making a class distinction. I am emphasizing only the type of work done by people in our society. I am emphasizing the difference in study and training required for a physician or surgeon and an assembly-line worker. If government members wish to have their appendixes removed by the boys on a Detroit assembly line they can be my guests, but I urge them not to subject all the people of this province to that calibre of professionalism.

I wonder whether the members of the government have taken the trouble to tell their constituents that their doctors might pack up and leave if they bring in their restrictive legislation. Already, according to my sources in the profession, some of the better doctors in my riding are paying considerably more attention to those headhunters' brochures from the United States. Doctors are accustomed to consulting. Has the government attempted to consult with them on how they view the proposed legislation? Does the government not realize they have a legitimate interest in this bill? Does it not feel they could add a dimension other than political expediency?

Members will be interested in what we have in the Conservative Party and what we are concerned about. We are increasingly concerned that the Liberals are not striving to achieve a kind of balance and stability in this matter which we consider so very important. Our leader, the member for St. Andrew-St. Patrick (Mr. Grossman), has noted that some people suggest the government's blind eye to consensus and partnership is the result of the tremendous pressure

being applied by the New Democratic Party which has control of the policy agenda of this government.

Mr. Wildman: If only that were true.

Mr. McLean: That is true. He feels, however, that it is more closely related to the sparkling allure of expediency and the attraction inexperienced governments have to take the easy way out.

Extra billing was not an issue with the majority of Ontario voters. It was manufactured as an issue by the Liberal campaign sloganeers. Let us set the record straight here and now. About 12 per cent of all doctors in Ontario extra bill. These doctors do not extra bill all the time, only 25 per cent of the time. I hope the minister will agree with me that in the vast majority of cases, the opted-out doctor does not extra bill his or her patients. Our research indicates that only three to four per cent of all Ontario residents are extra billed in the course of a year.

In whose mind is that an issue? In a democracy, the majority rules. In this situation, I am concerned the vast minority is ruling, in the form of the third party. Confrontation is not the route to success in this matter. The Liberal government should try a new experience called consultation. If the doctors in this province resort to job action, the government must take full responsibility. I do not want to see the people in the province suffer or be inconvenienced, as they will surely be, if the government persists.

I can give the sentiments on our health care system of a random sampling from my riding of Simcoe East. Almost 85 per cent of the people in my riding were satisfied with our health care system. About 16 per cent said they were not satisfied. We all stand to gain more by listening to the people than by listening to Liberal election sloganeering. I prefer to be accused of acting responsibly than acting in a manner which could only be described as politically expedient.

I advise the government to listen to the people and, as the majority of people in Ontario do, ignore the NDP. That is what the majority did.

Mr. McClellan: Oh, not everybody ignores the NDP.

Mr. McLean: There are not very many who do not. There are more who ignore the NDP than like it.

Mr. Wildman: If Socrates had heard this speech he would have drunk hemlock willingly.

Mr. McLean: I was just about to close, but now I think maybe I should go on and talk for

another half hour and give those members a little advice.

There is one point that has been missed by the government when we talk about the health care system in this province. One of the key points I have been making for years to the people of my riding and to previous ministers is that in order to better our health care system, we need more nursing homes, more extended care beds and more acute care beds. I do not think there is a hospital in this province that does not have several people in long-term care. That long-term care would be better provided for in additions that could be built to nursing homes or to other facilities that are there for our ageing population.

When we can provide beds at costs of less than 50 per cent of what we are paying now in hospitals, why has the ministry not taken the initiative to provide more acute care, chronic care and extended care beds in the province, thus leaving the hospitals for the people who are in need of operations?

Mr. Epp: The member is speaking in support because he is speaking for more money. The government needs the \$50 million for hospitals.

The Deputy Speaker: Order.

Mr. McLean: He talks about \$50 million that the doctors are extra billing, but it is going to cost five times that much after we are done with this because doctors are going to want increases in their salaries. There are people out there now who are paying extra because they want that extra service. The member cannot tell me a doctor right out of medical school is worth the same as a doctor who has been practising for 10, 15 or 20 years. To whom would the member for Waterloo North (Mr. Epp) go if he were going? Would he go to my brother? I bet he would.

Mr. Epp: Mr. Speaker, on a point of privilege: He operated on my two children, took their tonsils out and did an excellent job. I have the highest respect for him.

The Deputy Speaker: Order. That is not a proper point of privilege.

Mr. McLean: I can tell the member one thing: he is not extra billing.

Mr. O'Connor: On a point of order, Mr. Speaker: May I ask for a quorum call, please?

The Deputy Speaker ordered the bells rung.
5:22 p.m.

Mr. McLean: I was just getting warmed up. I was comparing some of the statistics we have read and heard about. I was talking about the \$50 million the province is going to save. When we

talk about saving money, I always look at the other end, at what we are going to spend to save that money.

It is going to cost five times as much when all is said and done because the increase in fees the doctors are going to request is going to be substantial. No one can tell me that professionals who are going to lose 10 to 30 per cent of their income are going to be satisfied with a seven, eight or 10 per cent increase. A 2.7 per cent increase would be about equivalent to the \$50 million that is being taken away. The statistics do not add up.

I want to repeat some of the things I mentioned earlier. For our health care system to get better, we have to get the people out of the chronic care beds in the hospitals. We have to get them into care where they will not be tying up hospital beds. That is the answer. I have been saying this ever since I have been a member. There have to be additional nursing home beds. As we are all well aware, our population is ageing percentage-wise and more homes have to be built for them. That would be a step in the right direction. It would free up some of the hospital beds that are so badly needed for patients.

The lack of facilities for terminally ill patients is one of the keys. Have members ever had a friend or relative who has been terminally ill and has spent years in hospital? I know, and it is not nice. There should be facilities for those people so as to free up beds for operations.

If the Liberals stop extra billing by doctors, they may in turn increase the costs of medical treatment to each and every citizen in this province. That will happen. Our leader asked in the Legislature if the Premier would guarantee that doctors who have lost 10 per cent to 30 per cent of their income as a result of the ban on extra billing will not be looking for fee increases in excess of 2.7 per cent. I can assure members they will. The fee increase, we anticipate, will range between \$90 million and \$120 million. This increase will come from only one source, and that is the people of Ontario.

The ban on extra billing is part of a Liberal strategy to get elected again. Who can blame them for that? However, they should not be taking it out on the people of this province. It is part of that party's commitment to the New Democratic Party to enable it to stay in power. The New Democrats are the deputies in this House.

It sounds good, but I feel it will come back to haunt all of us in the form of higher taxes, increased sales and personal income taxes, and

other taxes. The elimination of tax on food costing less than \$1 is not going to amount to much of a loss of money to the Treasurer. I was looking over it this morning, and one does not get much for less than \$1.

This bill is going to hurt the very people it is intended to help. When the Premier has refused to guarantee that doctors will not increase their fees, one could just about count on the fact that they will, and we will all pay more. Had we maintained the status quo, only those who could afford the extra tariff would have had to pay.

This health care system we have, as I said earlier, is the best in the world. Where do all the people come from for operations or to have their hearts or lungs replaced? We saw on television last week the people who came here from Chicago, from Montreal, and Paul Rimstead's niece from Jamaica, I believe. We have the best specialists in the world.

There is a doctor in my area who has been offered \$250,000 plus expenses to go to California.

Hon. Mr. Kerrio: Does the member know that one cannot buy insurance down there?

Mr. McLean: I tell the minister one can buy insurance down there and I am going to tell him another thing: I was down there a few years ago and a friend of mine had a stroke. He ended up in hospital for two weeks. The member should have seen the payments he had to make before he got out of there.

Mr. Wildman: That is the system the member is defending.

The Deputy Speaker: Order.

Mr. McLean: It cost \$18,000 for two weeks in the US.

Mr. Wildman: That is what the member wants for Ontario.

Mr. McLean: That is what the member's party wants for Ontario, not ours.

The Deputy Speaker: Order. Would the member please address the chair.

Mr. McLean: We want to maintain the health care we have and not to have it deteriorate in the way the NDP wants it to.

When my friend was in Florida and had the stroke, everything that was brought to his room, a Kleenex, a needle, a towel, was billed to him. There was an entry fee of perhaps \$75 for certain things. Nobody gets in without it costing a lot of money.

I have in-laws who live in California. When one was home for Christmas, he told me what it cost for health insurance: \$5,000 a year for a

family. What do we pay here in Ontario, with the best health care system in the world? Most of it is taken care of at one's place of employment. We have not seen anything yet. When one goes to the US, say Washington, and asks any cab driver about the health care system, he will say what they pay, and that is their big concern.

Mr. McGuigan: Whose side is the member on?

5:30 p.m.

Mr. McLean: I am on the side of maintaining what we have had in this province during the last several years: the best health care system in the world. From what I see, that is not what the government wants to maintain by this bill. It wants to have a two-tiered system and I do not agree with it. That is exactly what is going to happen. It happened in Britain and it will happen here. I can see it coming.

I could go on for half an hour, but then everybody would have all the knowledge I have. I just wanted to put those points on the record. I am sure the parliamentary assistant will relate those concerns to the minister, for whom I have very high respect. I know he is in a tough portfolio; it is a really tough job.

I have a brother who is in the Ontario health insurance plan. It never bothered him until this bill came in to stop extra billing. He has never extra billed; it is not the principle of extra billing. It is the principle of the freedom we have fought for in this country, the freedom for all the years these people have gone to school.

If the government wants to make them all wards of the government and pay them a salary, the same thing will happen here as happened in Quebec. The government will put a limit on how much they are going to get in a year. In nine months they will have their limit so they will go somewhere for a holiday, and then who is going to care for their patients? It will happen. The professionals here will be leaving, and that is what bothers me. I do not want to see that happen, but it will.

I believe what we need—and I have said it before—are more beds other than in hospitals to help care for the elderly and the chronically ill, people who do not need the extensive care that others need. My wife does volunteer work at the hospital. It happens to be on the fourth floor in our hospital, where the terminally ill are. It is not very nice, but her gift to society is to do some volunteer work and I commend her for it. What they have there is the same as in every hospital in this province.

I want to conclude by saying that we should keep the health care system the best in the world. Let us debate Bill 94 further, have it in committee and get the other side from the professionals who are involved, who have not been talked to or involved in any negotiations. It has been confrontation all the way along, and I would like to see the doctors, the ministry people and the minister come to a satisfactory agreement whereby the doctors will remain happy one way or another.

Mr. Morin-Strom: I am pleased to be able to speak on Bill 94, a bill that proposes to put an end to extra billing in Ontario. I am a little concerned about some of the comments we have heard from the member for Simcoe East (Mr. McLean) and some of the other comments we have heard during the course of this debate from the Conservative members to my right.

Although they go on at length defending the practice of extra billing, defending the doctors who are charging exorbitant rates to citizens of this province, they will not make a clear statement about whether they will vote for or against this bill on second reading. This is a repeat of the position they took on the bill on pharmacies during the last couple of weeks. They held up the legislation. Then when it came time for a vote, they just sat there and quietly said "aye" without a voice of dissent, and the bill was passed after they had held it up and had apparently spoken in opposition to it all the way along.

It would appear that a similar tactic is being employed on extra billing. They have not been able to come to a position on this bill. As a result, they are holding up legislation in Ontario until they can find a position on this bill.

I am concerned about a couple of comments by the member for Simcoe East in questioning why the state should be involved in medicine and health care. He stated his opposition to state control of medicine. One really has to question whether, under his objective, we would be heading for free market health care, the ultimate dual tax system. If the state is not properly involved in health care, one has to question in what area of society the state should be involved. Perhaps his solution is that we should all be under a system of anarchy.

Another point that he made was his contention that this legislation is being brought forward as an issue of political expediency. I have a hard time seeing how that can be a complaint when the vast majority of people in Ontario want an end brought—

Mr. Harris: Mr. Speaker, I do not think I recognize a quorum.

Mr. Speaker ordered the bells rung.

5:41 p.m.

Mr. Speaker: There is a quorum. The member for Sault Ste. Marie may continue.

Mr. Morin-Strom: I am glad to see some of the Tories have returned. It was interesting to see how they all ran out once their member finished speaking.

Ms. E. J. Smith: How about your own members who ran out? Your party was down to five.

Mr. Harris: Where have your members been all day? There is not one minister in the House.

Mr. Speaker: Order. The member for Sault Ste. Marie will continue with the debate.

Mr. Morin-Strom: I am pleased to get back to Bill 94. I am pleased to support this bill on second reading. This bill, the Health Care Accessibility Act, will prohibit physicians, optometrists and dentists from charging more than the Ontario health insurance plan scheduled rates for insured services.

The right of doctors to opt out of OHIP is not affected, but the opted-out doctors will no longer be free to charge more than the OHIP rate. I think this is a reasonable approach. It is certainly one I support and it has been adopted by other provinces in Canada already.

The OHIP payment will be the same whether it is billed to the plan by an opted-in doctor or whether it is paid to the patient of an opted-out doctor; so there should be no economic incentive for the doctor to opt out, although apparently a number of them are using opting out as a tactic. I note that the bill bans extra billing, but does not ban opting out.

As well, the bill goes on to authorize the Minister of Health to enter into agreements with the associations representing the physicians, optometrists and dentists to establish negotiations to set rates for payments on the insured services. I hope the OMA will take advantage of that provision to get involved in discussions with the ministry on rates and will not continue to boycott that option.

They have to take responsibility for doctors they represent, and not just those opted-out physicians who apparently control that organization, even though they represent a very small minority of the total number of doctors in the province.

I am pleased the bill does not make provision for any special increase in payments for insured

services that would give doctors more money. The minister has already stated he does not expect to adjust the current deal, which runs to April 1, 1987, and provides for rate increases much higher than the current level of inflation.

I am proud to be representing a party which has long advocated the position we are taking in this debate on extra billing. The New Democrats and their predecessor, the CCF, have been the originators of universal, publicly operated medical care in Canada. In 1947, the first public hospital insurance plan was instituted in Saskatchewan by Tommy Douglas and in 1962 Saskatchewan pioneered the first provincial medicare plan under Premier Woodrow Lloyd.

At that time, in early 1960, when the Saskatchewan CCF promised to introduce such a medicare program, the same arguments we have been hearing in this debate from the Conservatives to our right were put forward by the Conservative Party in Saskatchewan and by the medical association. One would think the Conservative Party would have moved ahead a little by now and would not still be sitting in the backwoods.

The concept of medicare is one of sharing of risk to protect all citizens against the crippling costs of medical bills that occur by chance, based on those who are fated to be stricken with illness or serious injury. Medicare is a concept all or the vast majority of citizens stand behind. I am proud to speak in support of the need for universal coverage through a public, nonprofit, comprehensive plan. Vital to the principle is the principle of portability and one-price medicare.

These principles were included in the federal legislation supported by all three federal parties. It is quite interesting that the Conservatives in Ontario are in contradiction with their federal colleagues who supported the bill that now provides for a \$1-million-per-week penalty on Ontario for allowing extra billing. Because the doctors of the province are billing patients an extra \$1 million per week in payments above the set fees, we are being penalized a second time another \$1 million per week by the federal government in withheld transfer payments. We are being penalized twice by the doctors who are extra billing.

The Ontario New Democratic Party has opposed extra billing since its 1970 convention, at which time it was resolved by the party "to establish machinery for the determination of fee schedules for physicians and other professional personnel, leading to the elimination of unilateral price determination by professional associations

and extra billing of patients." That provision is the principle we have stood behind for the past 15 years and we are pleased to see this legislation finally come forward in Ontario.

I am pleased the Liberals have finally joined us, although as late as 1983 the Premier was having second thoughts about extra billing. However, in 1984 they adopted the principle of eliminating extra billing in the province. It was included in the accord signed by the Liberals and the NDP last May. As a result, we are finally seeing action on this issue of vital interest to Ontario citizens, an issue supported by 83 per cent of the population of Ontario, according to the latest polls.

5:50 p.m.

Mr. Speaker: Perhaps the honourable member could find an appropriate place to relax until after the evening meal when he might want to continue.

Mr. Morin-Strom: That will be fine.

Mr. Speaker: You would like to continue after eight o'clock?

Mr. Morin-Strom: For a brief moment, yes.

On motion by Mr. Morin-Strom, the debate was adjourned.

5:57 p.m.

NON-SMOKERS PROTECTION ACT (continued)

The House divided on Mr. Sterling's motion for second reading of Bill 71, which was agreed to on the following vote:

Ayes

Allen, Ashe, Barlow, Bradley, Bryden, Charlton, Cooke, D. R., Cooke, D. S., Cousens, Cureatz, Dean, Epp, Eves, Gordon, Grier, Haggerty, Henderson, Jackson, Johnson, J. M., Laughren, Leluk, Mackenzie, McClellan, McFadden, McGuigan, Morin-Strom, Newman, O'Connor, Philip, Poirier, Runciman, Smith, D. W., Smith, E. J., Stephenson, B. M., Sterling, Swart, Sweeney, Ward, Warner, Wildman.

Nays

Callahan, Cordiano, Ferraro, Knight, McNeil, Nixon, Reycraft, Sargent, Treleaven.

Ayes 40; nays 9.

Mr. Speaker: The bill will go to committee of the whole House.

Mr. Sterling: Mr. Speaker, as the proponent of the bill, can I not direct it?

Mr. Speaker: The standing order says it goes to committee of the whole House unless a majority of the House wants it to go somewhere else.

Mr. Sterling: I think the majority of the House would like to see it go to the standing committee on procedural affairs and agencies, boards and commissions. I have consulted with the chairman of the procedural affairs committee.

Mr. Speaker: All those in favour of the bill going to the standing committee on procedural affairs will please say "aye."

All those opposed will please say "nay."

Do you want another vote on it?

Hon. Mr. Nixon: Mr. Speaker, it can go to a standing committee. However, I do not think procedural affairs is the appropriate one. It should be directed to the standing committee on social development where the Health estimates are carried.

Mr. Sterling: I am only referring it to the procedural affairs committee because the time of the social development committee is tied up and the procedural affairs committee has indicated it has time to consider this matter.

Hon. Mr. Nixon: Mr. Speaker, while you are considering this, I know I am going to get advice from the other two House leaders on the disposition of a good deal of work, if we ever get to a time when these matters can be directed. If you would leave it to the House leaders, we would be glad to listen to the advice you have, but the recommendation from the government House leader is that it be directed to the standing committee on social development.

Mr. Speaker: I understand the government House leader has agreed that it go to the standing committee on social development.

Mr. Sterling: The majority of the House wants it to go to the standing committee on procedural affairs.

Mr. Speaker: We are having firsts around here all the time.

Hon. Mr. Nixon: The honourable member has stood up a couple of times. He has undertaken to find a committee that, in his opinion, can undertake that review.

It is the custom of the House for the House leaders to allocate the work, not by vote but by agreement in looking at how the work is going to be properly handled. It is a departure for an individual member to direct the work to the committee on the basis of his private arrange-

ments on which committee can handle it. It is the responsibility of the House leaders to do that.

I ask for the support of the House in support of the three House leaders in this connection. If we simply direct it to an appropriate standing committee, we can assure the member that it will be so directed.

Mr. McClellan: I do not think the assumption that the procedural affairs committee will be free during the interval necessarily holds. There may be other plans. I suggest we agree to the bill going to the appropriate committee and the scheduling take place when we see what the total volume of work is in all the committees.

Mr. Speaker: It would appear to me there is majority consent that it go to an appropriate standing committee, if we can leave it in that manner.

[Later]

Mr. Speaker: On that last item of business, disposition of Bill 71, we will not know where to put this matter of business in Orders and Notices. I hope the decision about where the bill will go to committee will be made before too long.

BUSINESS OF THE HOUSE

Hon. Mr. Nixon: I would like to indicate the business of the House for the remainder of this week and next.

This evening and tomorrow we will continue with second reading debate of Bill 94 on extra billing.

On Monday, January 27, in the afternoon we will continue with second reading of Bill 75, the French-language governance bill; followed by second reading of Bill 94, which will continue on Monday evening.

On Tuesday, January 28, we will have second reading of Bill 65, first contract legislation. In the evening, we will resume second reading of Bill 94, extra billing.

On Wednesday, the usual three committees may sit.

On Thursday, January 30, in the afternoon there will be private members' public business standing in the names of the member for Beaches-Woodbine (Ms. Bryden) and the member for Frontenac-Addington (Mr. South). In the evening, we will continue with second reading of Bill 94, if necessary.

On Friday, January 31, we will continue with second reading of Bill 94, if necessary.

The House recessed at 6:05 p.m.

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Evening Sitting

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Clerk of the House: R. G. Lewis, QC



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LEGISLATIVE ASSEMBLY OF ONTARIO

Thursday, January 23, 1986

The House resumed at 8 p.m.

HEALTH CARE ACCESSIBILITY ACT (continued)

Resuming the adjourned debate on the motion for second reading of Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

Mr. Morin-Strom: I have a few more remarks on Bill 94, the Health Care Accessibility Act. Fundamentally, the issue in extra billing is whether we are going to let our health system be subject to a discriminatory practice, where health care is based on economic wealth or ability to pay the fee a doctor charges. Are we going to have one level of health care for those who can afford extra payments and another for those who cannot? I believe health care is for patients and not for doctors. Everyone must be guaranteed equal access to the same quality health care, with no extra charges being possible.

Heaven knows, we already pay enough for health care in Ontario. There is no justification for supporting doctors who want to charge us a second time for health care. The whole point of universal health insurance is to spread the financial risks among all of us. In return, everyone must have the same access to quality health care, without being charged a second time through extra payments.

I cannot tolerate the idea of a person suffering from illness or serious injury having to pay hundreds or thousands of dollars because he or she is unfortunate enough to live in a community where most doctors are opted out, or to have contracted an ailment that requires a specialty in which most doctors have opted out.

I know of several cases of patients requiring eye surgery who can get it only at a cost of \$800 to \$1,200 over and above the Ontario health insurance plan fee schedule, because all the qualified ophthalmologists in the province who can perform the required surgery are opted out. This is an absolutely intolerable situation that we cannot allow to continue. I know some of the doctors have used the argument that they have some inalienable right—

Mr. Guindon: On a point of order, Mr. Speaker: I would like to point out to the member that not all ophthalmologists have opted out. We have three in Cornwall who are not opted out.

The Acting Speaker (Mr. Morin): That is not a point of order.

Mr. Morin-Strom: The issue is whether they have the capability to provide the type of surgery required in this case.

Some doctors believe they have an inalienable right to extra bill. The best response to that is the remarks of Mr. Justice Emmett Hall in the report of the Royal Commission on Health Services, and I would like to read them into the record.

"The emphasis on the freedom to practise should not obscure the fact that a physician is not only a professional person, but also a citizen. He has moral and social obligations, as well as self-interest to do well in his profession. The notion held by some that the physician has an absolute right to fix his fees as he sees fit is incorrect and unrelated to the mores of our times. When the state grants a monopoly to an exclusive group to render an indispensable service, it automatically becomes involved in whether those services are available, and on what terms and under what conditions."

This legislation does take those considerations into account and as a result I strongly support this legislation. I trust that the vast majority of doctors also recognize that the fundamental issue here is putting an end to a discriminatory health care practice in Ontario. I trust that the doctors in our province will work together with other health care professionals and the Ministry of Health to ensure that Ontario has the best possible high-quality health care, a health care system that is universally available and accessible to everyone with no further arbitrary discriminatory billing of individual patients.

Mr. Dean: It is a privilege for me to join with my colleagues and to give some thought to the debate on Bill 94. I hope to say a few words with a great deal more thought in them than I have heard from some. The bill has a very fancy title, but that it is really only a way of dressing up another attempt by the present government to fix a problem with restrictive legislation.

It seems to have become a habit, and I might say a bad habit, of the present government to want to legislate everything. They have nothing except a heavy hand. The government says the Ontario drug benefit plan has a problem. How will they fix it? They will legislate pharmacists. The government perceives a problem with environmental cleanup costs, which has nothing directly to do with the environmental issue we discussed this afternoon. How will they fix that? They will proclaim the spills bill, which is very difficult legislation.

Here we have another example, a perception that there is something wrong with the health care system, so they want to legislate the doctors. I do not know whether the present government will come to realize that problems are solved better by building a consensus with which people can live and in which they can voluntarily participate rather than by beating them into submission. The carrot is always better than the stick.

I notice our Minister of Health (Mr. Elston) is not here, although his parliamentary assistant is. I am sure the member for Wentworth North (Mr. Ward) will report all this very dutifully to his boss. The minister says this new bill, whose main purpose is to ban extra billing by doctors, has solid support across the province. I know his parliamentary assistant spent a great deal of time in the last eight months going across the province and doing various things.

He might have a different report to make than I have on the issue of solid support, but then I am not sure if that is what he was gauging anyway. He was probably trying desperately to find a Liberal in the part of the province he went through. There are a few desperate Liberals there.

8:10 p.m.

This raises the question of whether the minister's method of ascertaining the merits of a new policy by means of going around the province is unique or whether it is all part of this new government's whole way of operating. It seems to me the very idea of establishing government policy, and especially a policy such as the one that lies behind this bill, aimed directly at curbing the rights of a minority group—and let us not pretend otherwise; while the doctors are sometimes portrayed as a powerful, wealthy, influential group, and while, of course, they do have some of that influence because of the very nature of their occupation, they are still a minority group—the idea that the government of Ontario would try to establish policy affecting a minority group by means of something it might

call public forums, which have been orchestrated by the minister in some communities, reminds one more of some of the distasteful methods used during Hitler's Third Reich. This is how the Nazis undermined public morality in Germany.

Mr. Ward: The last speaker described it as anarchy.

Mr. Dean: Is that right? We are quite mixed. Maybe there is not much difference between the extreme left and the extreme right.

That is how the Nazis undermined public morality in Germany. They arbitrarily picked a minority—any minority—organized mass rallies to denounce the dreaded and chosen scapegoats and then congratulated themselves for doing what the people wanted. What the people wanted in those cases, of course, was what had been preplanned and almost subliminally induced into the thinking of the people.

I would not want anyone to think I am directly comparing the Minister of Health or his supporters to Hitler's Nazis, but the methods have a familiar ring. Surely it is the minister's job to consider the moral rights and wrongs of any policy the minister submits to the Legislature. For him to argue that his ban on extra billing was endorsed at public forums across Ontario is very much to change the picture, very much like arguing that it was okay to throw Christians to the lions in ancient Rome because the spectators always cheered. In other words, is the least common denominator the standard we use for judging what is to be public policy? I would like to think not, but it seems to have had too much influence on this minister in his current policies.

There really was no crisis; this is the point I am trying to make. The government has manufactured a crisis where there was none in order to appear decisive, a government of action: "We are going out. We will kill the bear."

Oh, there is the House leader.

Mr. Eves: Speaking of a bear.

Mr. Dean: The Treasurer (Mr. Nixon) has just come in. I am sure he has dollars on his mind.

Mr. Davis: Did the member say "dollars" or "dullards"?

Mr. Dean: If they are silver dollars, they are not duller.

To me this is not really statesmanship. This is a method of trying to appeal to a certain group of the public to get votes.

Let us review again some of the simple statistics. Of the doctors in the province, 87 per cent are operating within the Ontario health insurance plan. Maybe it is slightly more than

that. Of the total number of claims submitted, only six per cent are for services performed on an opted-out basis. So we are really talking about six per cent of the services that are performed by physicians in Ontario when we are saying this is a bad thing.

Those members who have read the parody on British history called *1066 and All That* will remember that the writers there come across every so often with something that is a "bad thing" or a "good thing." Somebody in the government, perhaps the Minister of Health or his staff—that huge bureaucracy in the Ministry of Health—may have read *1066 and All That* and think this is a good thing and that people who opt out of OHIP are a bad thing. However, we are talking about around six per cent of the claims.

Most general practitioners, to separate them out from all the rest of the physicians, have not opted out. As a result, there is no identifiable problem with access to basic health care.

The members will notice that one of the words in the title of this act has a beautiful ring to it. Where were we? "Accessibility" is in here somewhere. It is not in the title, I am sorry. This is "rendering services." One of the catch words has been "accessibility." There is no problem of accessibility to general practitioners.

If we consider the group on its own, the vast majority of specialists who may have opted out are not just cruel, heartless monsters who say: "Tough bananas, Gord. You do not have the money, so you are not going to be able to get the hole in your head fixed." The vast majority of specialists have more heart to them than that.

Mr. Callahan: They do not have enough money to fix that hole.

Mr. Dean: It is a matter of bone rather than money. They do take into account the ability of patients to pay. We all know specialists who have said this and who do that. They are not simply in there to get their fee no matter what, regardless of the ability of a patient to pay, even if they are opted out of the system.

In reality, more doctors are opting in as time goes by, rather than opting out. For example, about seven years ago, in March 1979, about 18 per cent of the physicians were opted out. Only about 12 per cent are opted out at present. One can see that this is not a growing, cancerous or gangrenous problem, as the minister and his supporters tend to say sometimes. As a matter of fact, it is a problem that is diminishing as years go by.

There is no reason to believe the statement that there is a crisis in the health care system, not for

this reason. There may be some other aspects of the health care system that are getting near a crisis, but not the matter of whether the physicians are opted in.

I have spoken to a number of physicians in my own area, as have most members of the Legislature. While we have not gone into all the details of the present system or of the proposed changes, there is one thing that has come out of my conversations with those physicians I know personally, and they feel they can be quite frank in speaking to me about this. Without exception, they all say that in this debate, this discussion, this disagreement between the physicians of the province and the present government, income is not a problem; it is not a factor.

[Laughter]

Mr. Dean: I hear laughter from some members of the government and also from the quasi government on my left. They may laugh if they like, if they find it amusing, but the point is the present government lets it be spread abroad, whether it actually does it itself or not, that the doctors are taking a stand because of a great personal desire for more income. This is not a motivating factor with the physicians I know.

8:20 p.m.

Money is not an issue. Income is not a problem. These physicians I speak of, and to whom I spoke, were not opted-out physicians. They are happy with the income they are making now. We all know of physicians who often gave, and still give, scads of their own time gratis for medical treatment if needed. They have given an equal amount of free time to many public activities. They are people like the rest of us. Let us not consider that they are particularly evil people. They have a particular dedication to the health care system that benefits all of us.

What is the reason the majority of them are still strongly opposed to the principles and terms of this legislation? They say it is offensive, and that is probably a good word for it. It is offensive, first, because there has been no consultation on the principles. There has been an invitation to the physicians, and the minister repeated it again this afternoon in the House, to consult on procedure. That is very much like saying to someone who has committed a misdemeanour: "You are condemned to be punished. Now let us talk. About whether you are condemned? No. Let us talk about whether you would like to be executed by firing squad or by slow death sitting in the Legislature."

Mr. Andrewes: How painful that would be.

Mr. Dean: The member for Lincoln would take the firing squad. Okay.

The point is that the matter is not up for debate, according to the Minister of Health, and this is what is found to be offensive. They say it is dictatorial and an encroachment on their freedom.

It did not need to be this way. The Ontario Medical Association offered the government a deal. I have heard some comments about this from members of the government. In simple terms, the deal was something like this: "If you want to talk about the health care system in Ontario, look at the whole health care delivery system, not just the relationship of the doctor to OHIP. Let us look at how you pay doctors by establishing a blue-ribbon committee of people with impeccable qualifications and we, the doctors, will guarantee that we will not extra bill people who are in special need during that period." Who are those people? They are people over 65 as a group, we will say, or those who are getting premium assistance.

That was a reasonable offer, it seems to me, on the part of the physicians to look at the whole health care system. Mr. Peterson, in his wisdom or lack of wisdom, turned it down.

Hon. Mr. Kerrio: The Premier, not "Mr. Peterson."

Mr. Dean: I am sorry; the Premier.

Hon. Mr. Kerrio: He is going to be here a long time. The member might as well get used to it.

Mr. Dean: The Minister of Natural Resources is pining for the north.

The Acting Speaker: Order.

Mr. Dean: The Minister of Natural Resources should go out in the lake somewhere, because he is a disturbing influence.

Hon. Mr. Kerrio: I am listening very attentively.

Mr. G. I. Miller: I thought the member was a Liberal at one time.

Hon. Mr. Kerrio: He says he was.

Mr. Dean: Oh, yes. I have even known some members of the government who were Liberal at one time, but they have become just as unyielding and uncompassionate as anybody else.

Interjections.

The Acting Speaker: Order.

Mr. Dean: The blue-ribbon committee I was just speaking about—before some members on the Liberal benches seemed to think they needed to offer a little garbage to bring this down to their

level—will actually consider, along with all the other aspects of the health care system in Ontario, the most serious problem of all. The most serious problem of all is not extra billing, not whether physicians are opted in or opted out; the most serious problem of all is utilization. This is not something I dreamed up over a glass of Niagara grape juice; it is something I have been told by conscientious physicians.

Utilization, as members know, refers to the amount of billing that is put in by the physicians because of the number of patients they see or treat. There is the inclination on the part of all people, probably including us, if the service is "free," to use it. Sometimes we use it when we do not really need to; we overuse it. That kind of utilization adds up. If everyone sees his or her physician one time during the year when he or she does not need to, and there is a population of about nine million, we have \$90 million or maybe \$180 million extra just because of overutilization of the system.

I will grant that doctors have not been pressing very strongly for any kind of review of the utilization of the health care system, and I do not think the government—either this government or the government of the past; we are both in the same boat on this one—has been pressing strongly enough for that. If we are going to come to grips with the ever-mounting costs of the health care system—and they are mounting on almost a geometrical factor each year—we are going to have to, I will not say put a cap on, but somehow come to grips with the factor of utilization.

Perhaps the minister and the parliamentary assistant have some bright ideas on this subject. If so, I hope they toss them out in the course of the debate because I do not see them in this bill. It is not going to deal with that question at all; if anything, it is going to promote a further overutilization of the system for reasons that will become apparent as I continue.

In any case, this committee, which was proposed, recommended and offered by the OMA, would have dealt with that thorny and high-priority problem, as well as other things it could have been selected to deal with, but the Premier missed that golden opportunity.

The doctors are concerned about their freedom. I would like to read a little bit submitted by one doctor. I will skip over some of the less interesting details. He is not a newcomer; he has been practising in Ontario for 10 years, following six years of medical school and eight years of post-graduate training.

He says he has attempted to furnish his patients with the best care he can, and the accessibility of patients was limited only by the constraints of time. He could deal with only a certain number of people in a given period. It does not look to me as if he was a shirker, because he says:

"Accessibility to me in medically urgent situations when I have been on call, an average of 100 hours per week, 52 weeks per year, has been absolutely unrestricted. No patient has ever complained that I have been unavailable when needed or that I was too highly paid for my services. Indeed, not only have I always accepted the OHIP rate for my services as payment in full but also the terms of my appointment in the faculty of medicine, Queen's University, include a provision whereby all my professional income above a negotiated ceiling goes to the university.

"In my practice I attempt to establish a doctor-patient relationship based on mutual trust and confidence.... Without it, my only rewards for looking after a sick patient are the fee I receive and the intellectual satisfaction of solving a medical problem; that is, of treating a disease rather than a patient. That is not the climate in which I wish to practise medicine. I cannot believe that this is the climate in which the people of Ontario wish medicine to be practised."

8:30 p.m.

Here is the most significant part of his statement:

"As concerned as I am about the above issue, as a citizen of a free society I attach much more importance to the effect of the proposed legislation on my personal freedom. Heretofore I have always felt free to choose whether or not to accept the OHIP benefit as payment for my services. If working within OHIP is like being in prison, being able to opt out and extra bill is like possessing a key to the prison door. Freedom is available to me and, therefore, I am free. Without it, I am a slave.

"I find particularly galling your public pronouncements to the effect that most doctors, because they do not opt out of OHIP, do not care about the abolition of opting out. Nothing could be farther from the truth. Do you really believe that any doctor, or any other responsible citizen of our free society for that matter, could be apathetic to legislation which imposes a form of slavery upon him?"

Those are not my words, they are the words of F. James Brennan, MD, of the division of cardiology in the department of medicine at Queen's University.

All of us, as free women and men in this free country, one of the freest on earth, can understand how physicians can feel that way and how they would resent very much being enslaved by the kind of legislation we are considering here.

I have a few other expressions of opinion by a respected physician from my own community. I am quoting Dr. Michael Greenspan, a specialist in neurology in the city of Hamilton. He uses some words that had not occurred to me, but they fit the description of the legislation. This was originally addressed to the Minister of Health.

"I am sure you and your colleagues all realize this is an obscene piece of legislation. The name of the act and the issues with which it deals are totally irrelevant to the problems in the health care system in Ontario.

"This piece of legislation is merely being used as a political tool and, once again, the medical profession of this province is being used as a scapegoat for the government's deficiencies in delivering health care for the people. The statements which you and the Premier of this province have made...are being done for totally political reasons only."

This is the part I think the member for Niagara Falls (Mr. Kerrio) will be interested in hearing, since he is listening so carefully. Still quoting from Dr. Greenspan, "I have basically been a Liberal all of my life"—there are not many like that, are there?—"having been born in the Niagara Falls area, which was a Liberal stronghold at that time."

Hon. Mr. Kerrio: At that time? It has been for 10 years.

Mr. Dean: I am quoting. He is more than 10 years old or he would not be a doctor.

Hon. Mr. Kerrio: They lose their perspective and move away from Niagara.

Mr. Dean: The minister is slipping already.

"However, I must say that your party's attitude to the medical profession, with special reference to this piece of legislation, has led me to change my political philosophy. I am positive that most of my colleagues have adopted these feelings as well."

Mr. Eves: What about the New Democratic Party?

Mr. Dean: It is coming; wait for it.

"The Liberal and New Democratic parties are acting like children who want immediate gratification by passing this piece of legislation and really do not realize the future consequences of health care should this be adopted. I am sure you

are not that naive that you do not realize the truth of this last statement."

Mr. Sargent: On a point of order, Mr. Speaker: I am advised that there is a law against reading a speech in the Legislature.

The Acting Speaker: I will make that judgement.

Mr. Dean: I am glad the member for Grey-Bruce brought that to my attention. No one could ever accuse him of reading anything he says.

An hon. member: He cannot read.

Mr. Dean: My colleague says there is some question whether the member can read, but he can certainly speak.

I will continue to quote briefly from this excellent letter from the former constituent of the member for Niagara Falls. He is now in Hamilton. He saw the light.

"I think a response to this letter and a communication with every physician in this province directly would be in order from you." He is speaking to the minister. "However, people with nothing constructive to say, such as yourselves, usually do not respond in this way."

This is a short one. It is from Dr. J. De Maria, pediatrics, adult urology, McMaster University Medical Centre.

"I am a full-time physician at McMaster University Medical Centre. I do not bill directly and am paid a salary. I am outraged by the so-called Health Care Accessibility Act.

"Some of the health care problems in Ontario are inadequate facilities for the aged, insufficient operating room time due to underbudgeting of hospitals and lack of funds to obtain adequate treatment. Billing by less than 15 per cent of Ontario's physicians"—I already mentioned it is about 12 per cent now—"is not a critical health care issue, other than buying votes for a minority government."

To show this is shared by people in all kinds of medical service, here is one from a radiologist, Dr. Davidson, also from Hamilton:

"The method which you have introduced to end extra billing by physicians in Ontario would be acceptable in Soviet Russia or satellite communist countries or dictatorships." He makes a few unflattering comments such as that.

"You should know quite clearly from the press and correspondence, that few would object to the end of extra billing in hospitals so that emergency situations, anaesthesia and other services would be universally available to all patients in Canada without financial barriers.

"The medical profession will reject your concept that total control is necessary.... My prediction is that if you can get away with the type of bill you are considering, the next step will be to demand access to patient records for government purposes."

Here is a letter from a plastic surgeon, Dr. Moscrop, also from Hamilton.

Mr. Wildman: Does he extra bill?

Mr. Dean: Yes. I try to show all types of physicians in all situations.

"I am a physician who is opted in and I have been in practice for about 16 years. I am very disturbed that the government of Ontario is about to try to pass the Health Care Accessibility Act...it places all kinds of inequitable financial control on certain physicians.

"In any other profession, particularly in law, accounting and even politics"—he has the grace to term politics a profession—"allowances are made first for seniority, which often equates with experience, and with operating expenses."

Mr. Wildman: That is not true. Even new members are paid the same.

Mr. Dean: There are some who seem to be more senior than others.

"It is not reasonable in our society that a lawyer who is eminent in his field and who may have been involved in the practice of law for 25 or 30 years be paid the same amount as a lawyer who has been out of school for two days. Similarly, in medicine, it is not reasonable that the only payment a senior physician can receive should equal that of a very junior physician. Your government is proposing that there is no means by which a skilled physician can receive the additional payment his services are worth.

"I understand that your government feels it is important to pass this legislation quickly, but I predict that unless the problems I have mentioned are adequately addressed, your government will experience nothing but strife from the medical profession in the foreseeable future."

This is the last one about this sort of thing from a different kind of physician, a child psychiatrist, Dr. Martin Beck from Hamilton. It is interesting to see how he starts out. This was written to the Premier:

"Much as I welcomed the access to power of the Liberal Party of Ontario following the last provincial election, I am angered and dismayed by the legislation tabled by your Minister of Health on December 19....its content does not deal in any way with the substantial hindrances to accessibility which have been multiplying over the past years in the Ontario health care system."

He then lists what he thinks are the things that hinder accessibility.

"This bill suspends the civil rights of a physician in Ontario to conclude a contract with his patient as to the value of the services he provides that patient and as to the means of remuneration of the professional physician for those services. In effect, in one stroke, the medical profession in Ontario has been conscripted into being civil servants. Our profession has long had an honourable tradition of putting the interests of our patients before all other considerations." I alluded to that earlier in my reference to the number of physicians, of whom all of us are aware, who do much beyond the call of the letter of the law in and outside their practices.

8:40 p.m.

"What has engendered a profession such as the medical profession in Ontario with its high standards of performance and service? It is my belief it has been the efforts of gifted, spirited and independent-minded individuals, dedicated to serving their communities and their individual patients through teaching, research and clinical care that have given rise to the highly skilled group of physicians who service Ontario."

He concludes by saying, "I urge you, Mr. Premier, to withdraw this ill-considered legislation and to table legislation which actually addresses the issues of underfunding of the medical system, of the closure of hospital beds and of the lack of access to adequate outpatient services in the province. If Mr. Elston would channel his considerable energies and zeal in this direction, he will be remembered by patients and physicians alike as one who really served their purposes rather than his own political ends."

That is Dr. Martin Beck.

Mr. Wildman: Maybe we could apply for another \$50 million for the province.

Mr. Davis: All they will do is pay the doctors more.

Mr. Dean: That is absolutely right.

Mr. McClellan: That is what Larry did. What a guy.

Mr. Dean: It is easy to see that people are not stretching it when we hear them say, and when we believe ourselves, that this could easily be an insidious first step into turning our first-class, conscientious, professional doctors into civil servants, running a state medical office from nine to five where patients would pick a number, stand in line and wait one's turn, just like shopping for groceries.

There is a threat that it would kill the personal relationship. That was referred to in one of the letters I read. Doctors value the relationships with their patients, just as most of us value our relationship with our personal family doctor. That relationship and trust has developed over a long time between an individual and his physician. It is not like going to the Ministry of Revenue to see about one's sales tax, where one is dealing with somebody who has a strictly nine-to-five job and deals with these impersonal events. Everything that happens between a physician and his patient is very personal. We must have that element of trust for it to work right.

As I said earlier, there was no need to have this development. The government had an opportunity for full consultation with the doctors, not only on the matter of fees, but on the whole system and how we can come to grips with and rationalize what is a very expensive, although a very excellent, system.

With this onerous legislation, the government will certainly find that the professional people who are our physicians are not the least bit content. One cannot help but wonder if the next step is going to be directed at some other professionals. Are the lawyers next? Who knows? If there is a problem with any profession, there will be a temptation for the government to go in with its heavy-handed legislation and slug them on the head.

Banning extra billing will not have a beneficial effect on the medical profession here. It has been said—and I know most of us have read this somewhere—that those who fail to study history are doomed to repeat its mistakes. Why can this government not see what complete state domination of health care has done in other countries of the world? I think most of us are acquainted with some other countries' health care systems. I am not speaking now of the country south of us, the United States, because they do not have a health care system there.

Mr. Wildman: What the member wants is free enterprise medicine.

Mr. Dean: No. I ignore the interjections, but I want to make it clear I am not advocating untrammelled free enterprise. That is the usual oversimplification and muddying of the issue one would expect from some of my colleagues on the left.

For example, the British have two systems. They have a state system of public health that was brought in and they now have one of private

practitioners. We think ours is a lot better than that which prevails in Britain.

In theory, all the people in Britain are covered by the public health care system, but there has been a decline in its standards that has been attributed by people who have studied the system closely to the fact that the doctors there are civil servants, as the Liberal government and its NDP stooges would like to see introduced here. They now find that it was not the paradise, the egalitarian system they had hoped it would be.

Mr. Wildman: Even Mulroney and Jake Epp do not believe that.

Mr. Dean: I hear a certain din to the left. Has somebody let the dogs in? I am not sure. I cannot quite make it out.

The system did not work out that way because it turned into what one would expect from people who turn out to be bureaucrats or civil servants. They lose some of the incentive to do a private job.

Another system was established in parallel. The interesting thing is that public and private health care plans offer a choice. A considerable number of people in Britain now subscribe to the privately funded health care plans, even though it comes totally out of the pockets of the people who subscribe or do it for their employees.

I want to emphasize that the private health care plans have no state money. We are talking about the choices of people. We are not talking about physicians; we are talking about people who are patients or health consumers, to use a rather unpleasant and overworked phrase. It is the choice of those people to say, "I would rather put my extra money into a privately sponsored system, because there is something there that is missing in the public system since it became totally state-dominated."

There is a very interesting thing that many members know and which I discovered in my research. Even some trade unions in Britain now are insisting through their contracts that the service offered to their members when they are ill will be—what; the great state system? Not on your life; it will be the private system. About 6.7 per cent of the British population is now enrolled in private plans, including people in trade unions, who perhaps feel there is some virtue in statism, but who say, "When you are treating me, I want the best there is and I am going to pay for it."

They turn to private care because, although treatment under the public system is reasonably good, it is not adequate to suit some people. It has gone full circle from a privately run system with hospital insurance, through the gradual approach

to complete service as a state-run system with doctors as civil servants, until now a portion of it is being returned to the private system, so those who wish to can go that way.

What is wrong with that in a democracy? According to the government we are suffering from today, there seems to be a lot wrong with it because it is trying to legislate this out of existence.

8:50 p.m.

The reason this sort of system ends up the way it does and actually damages the health care system in the end is that it encourages what I will call assembly-line medicine. Perhaps it is a slight exaggeration to say assembly-line medicine, because we get a picture of somebody standing by a moving belt putting a nut on here, a roof on here, a rad in there or something else. However, it could appropriately be called assembly-line medicine that is encouraged by this sort of legislation, because some doctors, remembering that the doctors are probably a cross-section of our society and we should not expect them to be that different personally from anybody else—

Mr. Treleaven: The member says they are cross? I say they are very good-natured.

Mr. Dean: Oh, okay. A happy section of society?

Anyway, some doctors, under the kind of system that will evolve if this bill ever becomes law—perish the thought—will try to see as many patients as possible and cut down the time per patient—zip them in, zip them out, put the bill down. They will rush through examinations to get to see more people. Why? Obviously, because they are working on a piecework basis. If there is no other incentive to shine, they will say: "I am a civil servant. Why do I not just get all I can out of it?" They may even encourage repeat visits for little or no reason. That is one drawback this bill would foster if it were ever to become law. It would encourage assembly-line medicine.

A second adverse effect of it would be to encourage mediocrity. Under the legislation we have here, there is no reason for anybody to do what the doctor whom I quoted previously did. He spent eight years beyond his doctoral studies in medicine to become a specialist. There will be no financial incentive for a person to do that. There may be some inner compulsion that might drive a person to want to learn more about that particular specialty, but there will be no reward, if I can use that word, for a person who spends an extra eight years of her or his life to learn a specialty when she or he could be out enjoying a

normal life. I will not say as we do, because what we are enjoying here is hardly a normal life, but the kind of life we enjoyed before we came here.

There is no reason for such a person to become a specialist or to improve his skills from the standpoint of getting a greater recompense for it. He will be paid just the same as one of the other doctors. Whether he is out 10 years or two days, he gets the same amount of pay for viewing Mr. Dean's falling hair or whatever other malady is being treated.

Mr. Wildman: You would not have to extra bill for that.

Mr. Dean: You have to give something extra for the trip to find it.

The doctor would make the same on his first day as he would 25 years later with 25 years' experience. As one of the members on my left said a while ago, there is a sort of levelling factor in this chamber; but then we have to admit that nobody forces us to come to this chamber. If we do not like it, we do not have to stay here.

Mr. Davis: We should give equal pay for equal value of work to our colleagues across the House.

Mr. Dean: Maybe that will be in the green paper of our colleague.

Why would a doctor have to worry about keeping up to date with new procedures? Why improve his skills? There is no incentive—

Mr. Wildman: He does not do that for money. He does it to help his patients.

Mr. Dean: Maybe for incentive; I mentioned that earlier. The inner compulsion would still be there with some, but there is not the other, and it goes along with a lot of life. Something socialist countries have found is that socialism as a theory is tremendous; in practice it is lousy. That is the way this one would run out.

I am interested to note, however, that rather recently there have been a few more-or-less incoherent mumbblings from the Premier about this particular issue the medical profession has been talking to him about. He has said, "Maybe we could negotiate something that would recognize skills; maybe we could negotiate this, that or the other thing," without really being clear. I do not think he and his Minister of Health talked that one out very much before those ruminations became public. However, there has been some hinting along the line that the government might be willing to do something—if nothing else, perhaps raise the whole OHIP fee schedule.

Here we come to something: "To keep you quiet, kiddies, I tell you what: We will give you a

few extra cookies." That is really what they are saying. They might even go as far as what happened with the government of Nova Scotia, which also banned extra billing a year ago and then granted fee increases averaging 12.8 per cent ending in April this year. That is not bad. Most of us, even those of us who decry the idea that there might be financial gain in any of these occupations, would probably not turn down a 12.8 per cent increase.

If that were to happen in Ontario, and this is only speculation, if the worst came to the worst and this bill did pass and extra billing was banned, then by the musings, mumbblings and ruminations of the Premier, perhaps there is another secret agenda saying, "Okay, to keep the physicians from rebelling totally and making our name mud around the province, we must negotiate a new fee schedule with them."

If they granted the same increase as the government of Nova Scotia was led into doing, the 12.8 per cent, the cost to Ontario taxpayers would not be \$52 million, not \$100 million, not \$200 million, but \$270 million per year. That is a far cry from the \$53 million that is supposed to be the driving force behind the government's introduction of this draconian legislation.

The word "draconian" is not normally on my lips, but it comes to mind because it was used by a member of the government party in expressing his own personal dissatisfaction, as a physician, with these draconian measures. Most of us will remember that Draco was an autocrat in Greece many thousands of years ago who ruled with an iron hand. We are referring to that Greek, long dead and gone, who was one of the first dictators.

Mr. Wildman: The member's colleague earlier today was talking about Plato and Socrates.

Mr. Dean: I do not think I will discuss that.

It is very obvious if that were to be one of the consequences of passing this misguided legislation, not only would we have lost the services, interest and professional support of a great body of our fellow citizens, the physicians, but we would also have gone far beyond the kind of financial expenditures we would otherwise have had to make.

I am not suggesting \$52 million is little, but by comparison with \$270 million it is a very small part, as arithmetic will clearly show. It is only one fifth of the amount that could be needlessly spent by the government if it decides it has to sweeten the pot for the doctors.

It also means that extra money is not only coming from the so-called wealthy who are

alleged to be the only beneficiaries of the present system; it is also going to come from everybody through the tax system of the province. If one buys gasoline, some of the money may go to pay the extra fee the doctors will require, instead of the privilege of extra billing for some of them. If one buys anything, the sales tax will apply and one will be contributing through that to this new expenditure. Most of all, we will be contributing through our income taxes, if and when this comes about.

I think it is coming as clearly as night follows day. If the one happens, the other will follow. All the people in the province, no matter what kind of income level they may be at, will be paying through their taxes for this alleged benefit. The Liberals and the New Democrats may think it is fair to make everybody pay, but the great majority of people in this province have many reasons to disagree, just for the sake of this draconian legislation.

9 p.m.

There is also the possibility that physicians who really value the freedom, and as I said earlier, all the ones whom I consulted have mentioned that as the only real reason they are objecting strongly to it, those who benefit from that freedom may decide that Ontario is not a good place to practise medicine and may go somewhere else where their talents will be more appreciated.

That will be a great pity. The Liberals and the New Democratic Party, and I hear them already mumbling, will scoff at this argument. Unfortunately, they both cling to their rather—how shall we say it?—levelling views, despite the hard evidence of the British example, which I just cited, which shows that it just does not work.

The exodus of a lot of Britain's talent to this continent, its brain drain of doctors, is a fact. Why would we expect Ontario to be immune to that same kind of dreadful situation? I do not think we could.

The number of people who leave who are specialists or are considering being specialists may be small. However, the whole issue we are talking about, as I mentioned earlier, concerns only a small percentage of doctors, something like 12 per cent of the total and only six per cent of the billing. The number may be small, but more will probably leave than the number who would otherwise extra bill without taking into account a patient's ability to pay.

Mr. Wildman: We have greater faith in the medical profession than that party does.

Mr. Davis: The member for Algoma (Mr. Wildman) certainly does not.

Mr. Dean: That was well said by my colleague here. The party on the left has no faith at all. It wants to legislate them all into a straitjacket, and it is to exactly that that the doctors are objecting.

It is not beyond the realm of possibility that this government, while it is still able to maintain an affordable and efficient health care system, can take into account the risk of the brain drain I have just been talking about. We do not want to lose those brightest, best and most forward-looking people in the profession. As I mentioned earlier in my remarks, we all know that the people who extra bill, the specialists, are not people with hearts of stone. They do take into account the ability of a person to pay in many cases.

This furor over extra billing cannot be regarded as just another labour dispute between employees and management. Fortunately, so far the physicians are not just employees of the government, and let us hope they do not become just that. They have the right to practise wherever they want.

Would lawyers accept a licensing on their fees? Would lawyers accept a ceiling on their fees?

Mr. Treleaven: No.

Mr. Davis: Would union leaders accept a ceiling on their fees—the big bosses who make \$300,000 a year?

Mr. Dean: Would plumbers accept a ceiling on their fees?

Mr. Mackenzie: They had no choice. The Tories forced them with restraint legislation.

The Acting Speaker: Order.

Mr. Dean: Would auto workers accept a ceiling on their fees? I do not think so.

Mr. Wildman: There was a large group of workers who had to accept a ceiling on their pay because that member's former government legislated it.

The Acting Speaker: Order.

Mr. Dean: Doctors who operate outside OHIP should have the same rights as everyone else. With this kind of measure, this government is trying to put itself in a position of discrimination against a certain class. It says it is not in favour of discrimination—I hope none of us is—but it is heading towards it with this legislation.

I am interested to hear the yapping from some of the people on the left, who do not like it to be

brought to their attention that perhaps they are being very inconsistent.

Hon. Mr. Kerrio: What does the member call rent control, which his previous government put in?

Mr. Dean: It is not as bad as what the present government put in.

One of the features of what has been suggested by the Minister of Health, and I am glad to see he has finally put in an appearance, is binding arbitration in any kind of contract talks that doctors might have with the state-run doctors' service. Let us not kid ourselves. On whom is the arbitration binding? The government can change it the next day if it wants to. The government is not an employer like others; it can do what it pleases once this is in place.

Mr. Wildman: Yes. Just listen to him. On Bill 179, the Tory party did what it pleased.

Mr. Dean: I hear a broken record. I wonder whether somebody would turn off the power over there.

There could be other consequences of this bill. Doctors could even suffer, and we would suffer with them, from a government move to restrict the number of doctors who are billing just to keep manpower costs down. That is sensible if that is what it is going to do—make everybody state employees. Then they will certainly have to watch how much money they are spending on it.

It could restrict the geographical location in which doctors can practise. It would be sensible for an all-wise state to say, "Okay, Tom, you go get it there; Gerry, you go there." If they were slaves of the state, what else could they do?

It could even cap the annual income regardless of work load; in other words, no more of this piecework stuff. No matter how many hours one spends, one is just going to get so much money.

It could limit the choice of prescription drugs for which the government will pay and could even replace medical manpower with paramedical manpower to cut costs.

Do members think that sounds farfetched? Do they think it could not happen? They should not think too long, because those measures are being carried out right now in some form in British Columbia and Quebec. They have been imposed, not with consultation but unilaterally by the governments of those provinces on the basis of political expediency, not really to improve the quality or availability of health care. I am sure they are all cloaked in the same grandiose and high-sounding phrases that we hear being spouted by the Minister of Health and some of his

colleagues, notably the Premier, to give an excuse for this ill-conceived legislation.

The government should not say we did not tell it. It has happened in other places in Canada, and it is not good. It has happened very badly in Britain and in other countries of Europe. We do not want it to happen here.

We are not going to support this plan in its present form. At least, I am not going to support this legislation; I may not be able to speak for all my colleagues. I hope the minister and his parliamentary assistant will seriously consider this and will influence the other members of the government to—

Mr. Leluk: Come to their senses.

Mr. Dean: "Come to their senses" is exactly the phrase, as the member for York West has suggested, and back away from the repressive features of this bill.

Mr. Allen: I rise to join in this debate on Bill 94, the Health Care Accessibility Act. Those of my colleagues to my right who look to that title as though it were a euphemism of some kind seem quite clearly determined to underestimate the problem of accessibility that extra billing has created.

On the point of titles that are euphemisms, it seems to me that I recall a number of pieces of legislation that had rather fancy titles in another age of government in this province and that were equally misleading if one wanted to put the very worst light on it.

9:10 p.m.

I found the preceding speaker on the one hand attempting to be very thoughtful about this subject and on the other hand indulging in some rather remarkable contradictions—and also, with respect to the history of medicare, some rather unusual comments. In addition, there was a fairly consistent strain of reasoning that struck me as being a rather severe, if not almost libellous, put-down of the medical profession.

To argue, for example, that the only reason, or even the principal reason, a student would spend eight years in university preparing himself for the medical profession is the monetary reward that would follow is a very severe reduction of the status, esteem and respect in which we all hold one of society's great profession and the traditions of healing and care it represents.

To suggest, on the other hand, that somehow there is something necessarily wrong about government when government legislates to regulate or to expand the accessibility of medicare, even if that happens to be at times in a somewhat

unilateral fashion, is obviously to pay little regard to the proper role of government to legislate, and where necessary, to legislate from a rather tough frame of mind.

One wonders, for example, what kind of medical care we would have had in this country over the last 40 years if it had not been for certain unilateral action in Saskatchewan, first of all in developing a hospital plan, and then in expanding that into a full medicare system in 1960 and 1961. That had to be done, and I think, sad to say, the truth is that it had to be done unilaterally and without the co-operation of doctors in the province in question. It did take a lot of imitation by other provincial governments and the federal government, and then finally the necessity, even in Ontario in the middle of the 1960s, to press this province into some form of medicare system.

Now we are there, it is interesting to hear some of my colleagues describe the system we have as the best medicare system in the world. I am glad to hear that, because I happen to agree. I think it is probably the finest and, in many respects, the most cost-efficient medical system in the world.

About seven per cent of our gross provincial product in Ontario is devoted to the medical care system. Countries in Europe that have adopted a universal medical care system range upwards from that. The United States ranges upwards from that in the percentage of the gross national product devoted to medical care, even though the model there is often touted as being so much more efficient and based on a private medical care concept.

It would be interesting for all of us to drop into the small meetings, for example, in Swift Current, Saskatchewan, in the early years of this century. The people gathered together at the end of the first decade, shortly after their town was founded and began to discuss how they were going to provide medical services. It would be interesting to see how they developed the notion of community hospitals and projected the idea that perhaps somewhere down the road there would be a socially sponsored insurance system of medical care, which would hedge all of them against the unfortunate costs and the disastrous consequences that come when illness strikes.

If one goes back to reports of some of the meetings early in the century of trade unions or independent labour party groups, when they were talking over the medical problems their own folk were having, trying somehow to survive the medical bills of their time, one can see how early they wrote into their platforms the need for comprehensive, universal, accessible, afford-

able medical care. One sets that longing and that long tradition and desire over the decades against the difficulty with which it has been accomplished in the face of a medical profession that was supposed to have their very interests at heart.

One is left to wonder and to ask why that difficulty lay there in the midst of that profession and what there was about the ethics and morale of that profession that somehow sat in the way of the realization of those dreams, and why it was necessary to go through an epic encounter such as occurred in Saskatchewan before we could finally break through to something that could properly and decently be called universal, accessible, affordable medical care.

When one takes additional steps, as we are attempting in this province today, following provinces such as Saskatchewan, Quebec, Nova Scotia and Manitoba—where the doctors are not “enslaved,” to use the adjective that was used in the last speech—why is there a difficulty in following those examples when there is experience with the elimination or absence of extra billing, with that absence not having any disastrous social, professional or medical consequences?

Mr. Sheppard: I do not see a quorum in the House.

The Acting Speaker ordered the bells rung.

9:22 p.m.

Mr. Allen: Although we have had yet another quorum call, it appears I will be addressing about as many empty Tory seats as I was before the call. The emptiness of the seats is about in proportion to the emptiness of ideas in the speeches from that side.

In the light of the remarks I was making regarding the rather ironic relationship between the medical profession and the advance of medical care through government action by our legislatures in the latter half of the 20th century, it is with some sadness I rise in my place to respond to a great profession which once more, grim-faced, announces a campaign of civil disobedience.

There might have been concessions and reasons for engaging in such an action at some time by that profession—I do not deny that—but Ontario's doctors have surely adopted what must be one of the most implausible causes in contemporary history in staking so much on extra billing.

It has been said by members to my right that we could have avoided this impasse if there had been negotiation. Then we were told by the last speaker that negotiations would have entailed

reviewing the whole range of medical problems that currently afflict us.

While the problems are there and are the result of many factors, when one is tackling discrete problems in a sensible way in a legislature, one does not negotiate the whole world at the same time. When the doctors insist that we not talk about extra billing when we negotiate the phasing-in of extra billing, then there is a reductio ad absurdum involved; it cannot be done.

For years, in the rising campaign to eliminate this one limitation to accessibility which still remains as a principal barrier in certain specialties, the profession has raised the level of its rhetoric. We have heard about the enslavement of physicians and the denial of basic civil liberties, about the undermining of doctor-patient relationships, ad infinitum about assembly-line medicine, and time and again about the inevitable flight of medical doctors from this country to some supposed green pasture existing south of the border, from which I understand those who have fled are now returning.

What all this parade of rhetoric tells us is that the profession has somehow succumbed to a bout of mass self-hypnosis. What is truly pathetic is that after all this time they have produced no evidence, no major studies to bear the burden of their claims; quite the contrary. It is precisely this heavy emotional attachment to an unproven and even a peripheral cause that provides the essential clue to what ails so many of our doctors.

To my mind, they are in the grip of an epidemic of symbolic or status politics. The pain is real and the symbolism and the status have to do with adjusting to the realities of the modern world. The pain is real indeed, but in their fever they should probably not be held accountable for all that they say.

Even in diagnosing their problem it is important to look at the reasons they give. They are some 15,000 strong in Ontario. We have been told time and again that 12 per cent of them extra bill and 88 per cent do not. About 800 of them have opted out into a separate and independent association under the Ontario Medical Association, and there is the small, 150-member Medical Reform Group of Ontario which believes its colleagues are doing themselves no service and the public some harm in insisting on their right to extra bill.

It has been said that there is no problem simply because only 12 per cent extra bill. However, the problem is not with the gross percentages. The

problem is that in certain critical medical practices and specialties there is a phenomenally high rate of extra billing. For example, 58 per cent or more of anaesthetists are extra billing; in psychiatry, an absolutely critical medical profession, 27.6 per cent; in obstetrics, 33.9 per cent, and in other surgically related specialties, 31.1 per cent.

No one can tell me that opting out or extra billing in those proportions in that range of specialties so critical to medical practice and specialization does not create problems of real accessibility for people in real need. It just cannot be the case statistically.

There is an interesting geographical dimension and an interesting professional dimension to the extra billing phenomenon. The north and east do not have as much of it. Among general practitioners, paediatricians and internists, who are perhaps closer to general practice, opting out and extra billing are not very widespread. It is rather striking when one notes the professional distinction.

Hon. Mr. Elston: This is such a stirring speech that they are cheering in the streets of Toronto.

Mr. Allen: Yes. It is getting a remarkable response outside the chamber, if not inside it.

Mr. Davis: Did the Minister of Health write it for him? I want to know when they are going to freeze Bob White's salary and put restrictions on it. Maybe he should not make much more than the guys on the assembly line.

Mr. Wildman: The guys on the assembly line are not complaining about Bob White.

Mr. Mackenzie: I do not know what it has to do with it, but the member's comments are going to be well received. They will get around.

9:30 p.m.

Mr. Allen: Some interesting analogies are being made, and as they are heard in the community they will be responded to in some rather interesting ways, I am sure.

Recently a family in my constituency wrote me a very touching letter. They had received a communication from Dr. Eisenberg. Dr. Eisenberg concluded his arguments for extra billing, some of which I will look at shortly, with a petition to this family saying, "I pray for the sake of our future children that this has not been written in vain."

That was a very pathetic and emotional load to lay on that family. The family wrote to me and said: "Please look at these reasons. Are these disastrous consequences really going to follow?"

Please do not let all those bad things happen to our medical practice and to our prospects for health and health care in Ontario."

I read over the letter with a great deal of astonishment. I have read other doctors such as Dr. Kenneth Walker, the esteemed doctor who advises us all through his column in the *Globe and Mail*. I am struck by the utter and obvious lack of evidence, information and even elementary logic in the cases that are made. Let us look at the arguments that are given.

First of all, the government penalizes the doctors by allowing them to collect only 90 per cent, as it originally was, of the fees listed in the OMA fee schedule. There is not a word about the conditions under which that 90 per cent came into play; conditions which were well understood.

With the combination of assured collection of medical bills, that 90 per cent would inevitably provide the doctors with more income than they had received in the past, given the number of bills they had to forgive. There is not a single word of the estimate that, at a 90 per cent level, they received about a 30 per cent increase in their incomes overall.

The second argument is that extra billing is necessary because the OMA schedule of fees does not reward experience or skill. This is one I have heard time and time again in recent expositions by the medical fraternities, and yet it is totally illogical. If all doctors are able to extra bill, then the doctor who has just stepped out of medical school and set up his practice can extra bill in precisely the same way as someone who has practised for 30 years. The person who is a general practitioner can extra bill in precisely the same fashion as a specialist. There is simply no sense to the claim.

If one looks behind the reason for that arrangement, one discovers that ever since 1922 the OMA fee structure has itself never allowed for any differentiation on the basis of age or skill. All the government was doing in instituting that fee program was to copy exactly what the OMA had done. If they have an objection, it is with their own profession and not with the government. I would, however, urge the government to improve on the package and the subtlety with which the payments are made as quickly as possible.

Third, extra billing somehow improves medical practice by allowing more time with patients, etc. An exhaustive study was done on this subject in 1980 for the Ontario Economic Council by two doctors at the University of Toronto, Drs. Wolfson and Tuohy. Following a comprehensive

and exhaustive study, they reported conclusively that, despite the claims, extra billers did not differ in their medical practice from non-extra billers in any measurable quantity whatsoever in any number of particulars that one would wish to examine.

Fourth, extra billing will promote assembly line medicine. If true, this is surely either one of the saddest confessions of the medical profession or one of the most libelous remarks about critics of extra billing. What it is essentially saying is that if the medical profession, which is devoted to the healing arts, does not get what it wants by way of extra billing it will go on a rampage of shekel gathering by turning medical offices into an assembly line process. It ignores the fact doctors consistently stand at the head of the professions with respect to compensation. It simply is not fair to doctors with respect to the ethics of their own profession.

Fifth, it is claimed that extra billing is a deterrent to abuse of the system by patients. But when one comes to study that question, one finds that doctors do not agree as to which practices of utilization they think are excessive, redundant or unnecessary. There is no agreement in the profession on that point, so in that respect the argument simply falls to pieces.

On the other hand, the patent implication of the argument is that for those who have the wealth to overcome the deterrent, the deterrent is apparently unimportant. What one has there is a clear acknowledgement of two-tier medicine, and that is what we cannot tolerate in this province. The only people who are deterred are the poor.

Sixth, extra billing causes no hardship because doctors can tell—

Mr. Davis: Mr. Speaker, there is not a quorum in the House.

The Acting Speaker ordered the bells rung.

9:40 p.m.

Mr. Allen: I understand students outside have constructed a monument about 40 feet high that we may all go out and admire after the end of the session this evening.

As I was saying when I was once more rudely interrupted, the sixth argument given by doctors is that extra billing causes no hardship because doctors can tell who can and who cannot afford it. They say they do not extra bill the latter.

It would be nice to think that were so and that doctors knew their patients that well. We all know that not only do they not have the bureaucratic capacity, but they also handle such a range of patients that they cannot know offhand

who has what income, what resources and is suffering what financial hardship. With respect to the exterior dress and characteristics of the patients in question, those things are not identifiable.

When two of my McMaster University colleagues did a study of 275 poor families in Hamilton, they discovered that of 135 who had dealt with extra billing doctors, no fewer than 107 had been extra billed. In other words, the doctors could not or would not tell the difference. Therefore, what assurance does that argument give us? It does not give us any assurance at all. In any case, even if it were true, patients should not be subjected either to the doctor's charity or to his casual sense of who can afford to pay.

Finally, the other argument that appears frequently in the discussion is that extra billing makes patients aware of the costs of medicare. This assumes that patient restraint would somehow be the critical factor in reducing costs. That restraint would, in my estimation and in the estimation of any study that has been done on the subject, inevitably fall on the poor and not on the rich. It is obvious why that would be so. Some people can obviously cope with the deterrent and others cannot. It is as simple as that. It is an open-and-shut argument against the point that is made.

At the same time, it has to be noted that the very people who are making the argument at this time, the doctors and those who defend them, appear to ignore that so much of the cost of the system hinges on the overall control by doctors of medical resources, their styles of practice and their manners of billing. All those elements lie closer to the nub of the question of cost than the question of utilization by patients. Any argument that utilization must somehow be restricted is a deterrent to the seeking of health by people who need the care of the doctors in question.

Most of the arguments used by the doctors and the defenders of extra billing point to one or another real problem, but extra billing is so irrelevant, one might even say so irrational, in answer to the problems that are cited, that none of the arguments can be taken seriously.

If compensation for age and skill are necessary, let us follow the British plan of having a peer-adjudicated merit system built in. The minister has said he is prepared to talk about those things. If cost is the question, let us get on with the rest of the studies of cost in the system, as to where cost generation comes from, and do something about it on a realistic, pragmatic basis, solving a problem instead of pointing the

finger at ill persons in the community for trying to secure their own healthy niche in life by patronizing a doctor.

When I look at the implausibility of all that line of argument on the one hand and how easily it falls to pieces, and at the strength of the arguments made on the other hand, I return to my central argument that something else is being defended, and that something is being defended in a symbolic fashion.

The arguments are hastily constructed walls around the sacred, so-called, tower of professional freedom, which the doctors believe to be threatened by the modern world of universal medicine. In a sense, they are right. Certain manners and styles of practising medicine are threatened. One cannot provide equally accessible medical care on the basis of the almost medieval fiefdom of medical practice that some doctors appear to prefer.

It is also inconsistent with the private-enterprise model of medicine so many of them keep throwing up to the public in self-defence. One simply has to insist that health is not a commodity. It is a primary need and a condition of everything else in life, and all human beings have a right to the services to maintain it. By the same token, health care is not a commodity that one can buy or not buy as one pleases. Either one needs it or one does not; one needs it in a hurry or one does not need it at all. That is usually the case.

Does an ill person decide who is the best doctor to perform an appendectomy when an attack of appendicitis strikes? Does an ill person who has been subject to a badly botched triple bypass have any alternatives in the market to compensate for what happened to him? To use the language of private-enterprise medicine really comes down to an exercise in the grotesque.

In discussing the question of the freedom of doctors, the previous speaker asked, "Who will be next to be struck by the state in this enslavement of a profession?" What is the implication of that kind of remark for other professionals who are on salary, including doctors who are on salary?

Is it, for example, that social workers, professors, city engineers, urban planners, doctors or dentists on salary with corporations or elsewhere, are necessarily unfree and enslaved? Can they not practise or pursue their specialties in those contexts? I would have to say surely they can and surely they do, because many of us have

lived our professional lives in the context of salaried employment.

We were not bound by that fact to dispense assembly-line education, for example, or assembly-line social work. We were obligated by the ethics of our profession to treat people as individuals and as persons who deserve respect and to honour the canons and ethics that an educator or a social worker had to perform in order to live with himself.

The whole question of professional freedom around this issue is a package of stuff and nonsense. Extra billing confers no freedom of any consequence for the medical practice of any doctor; nor does the failure of the ability to extra bill limit the freedom of any doctor's professional service to his fellows in the pursuit of his medical practice and commitment.

On the other hand, surely it is time for the medical profession to acknowledge wholeheartedly the vast expansion of its freedom to serve people's health as a result of universal medicare. In fact, that freedom will be expanded by the removal of the last vestiges of the obstruction to accessibility and affordability of medical care.

9:50 p.m.

There is no other freedom that is more critical to the existence of the medical profession than the opportunity to dispense medical care in adequate facilities, with adequate equipment, in adequate conditions for the people who need that kind of health care. There is no question, in essence, of civil rights involved, although Dr. Eisenberg keeps using that language.

What I submit the medical profession should be about when it discusses the question of rights today is applying itself to developing a bill of rights for both doctors and patients which is appropriate to the new circumstances in which doctors and patients find themselves in the context of a developed, universal, affordable, accessible medical care system.

The problem doctors face, which is reflected in the very dispute over extra billing, is how to square their own freedom and their own rights with respect to a whole new context of the practice of medicine that has overtaken them. That is what I mean by status politics and symbolic politics; that problem of professionally squaring their goals, images and objectives with the realities of the circumstances in which they find themselves in the latter years of the 20th century.

They should have a right to substantial assistance with the cost of medical education—and they do to the tune of 90 per cent—in

recognition of the service they will provide to the community in later years. They have a right to medical care as a system. They have a right to medical facilities that are equivalent to the skills they have.

They have a right to the expenditure of sufficient research dollars and sufficient research facilities in the universities and elsewhere so that their very skills can be utilized to the maximum on behalf of the people of this province. They have a right to have their patients have access to drugs at a reasonable cost so that they when they prescribe they do not put the incomes of their patients in jeopardy in any respect, and so that their treatment and diagnosis may be fulfilled in the fact of what follows.

They have a right as a profession to some form of allocation in our society, which we have still not satisfactorily resolved, of medical practitioners in all regions of the province so the public will be well served and no doctor in any region will necessarily be overworked simply by the limits and shortages of medical practitioners in that part of the province.

In other words, there are many things our doctors should be addressing themselves to, and in some respects are beginning to, in developing that bill of rights they and their patients require for satisfactory health care in this province.

It is in the light of that—I come back to my opening remarks—that one finds oneself rising to speak in this debate with more than a touch of sadness that a great profession should be hinging so much upon a so badly researched and so badly argued case. It does not do justice to the great traditions they bring to the health of the community.

I would not want to submit any individual doctor to substantial criticism with respect to his subscription to extra billing, given the anxieties that this conflict between medical practices and ethics of the past and the new realities of medical practice requires. Extra billing is not, however, the last refuge of scoundrels. It is simply the misguided and irrelevant defence of outmoded styles of professional practice which get in the way of universal, accessible, affordable medical care for every person in Ontario.

Mr. Gillies: On a point of order, Mr. Speaker: A large group of architecture students from the University of Toronto is building an obelisk in front of the building to protest the announcement today that its faculty is going to be closed because of underfunding of the universities by this government.

Mr. Speaker: What is your point of order?

Mr. Gillies: The point of order is that because the students are putting so much work into this and they are most anxious that as many members as possible see it before it is taken down tomorrow morning, I suggest to all members that before they leave tonight they take the opportunity to go and have a look and talk to the students.

Mr. Speaker: That really has nothing to do with what is taking place in the chamber. It is a great point of information. Thank you for the information. We will carry on.

Mr. Callahan: I could stay silent for about 20 minutes, and it would be equivalent to what has been said by the official opposition during this entire debate. I find it interesting that in this important debate, to which I came anticipating spending my time in a useful project, that when there are three, four or five members of the opposition present and they are debating what they espouse—

Mr. Davis: Do not forget the debate on francophone education.

Mr. Callahan: There is the member for Scarborough Centre. We are going to get rid of the member too. He should come out and run in my riding and I will beat him.

Mr. Davis: Do not bet on it.

Mr. Leluk: The pharmacists will take care of him.

Mr. Callahan: I am glad to hear that. I do not know the riding of Mr. Leluk—

Mr. Davis: Pride goes before a fall. My friend should be careful.

Mr. Callahan: I had anticipated being very low key, but the member, whose riding I do not know, seemed to think it was very important that I made a comment about some of the pharmacists in my riding selling peanuts. I have already addressed the record in that regard.

Going back to my original opening, I came here to do things, to speak on behalf of the residents of my riding and of Ontario. I am rather dismayed by the approach this Legislature takes in espousing the cause of the pharmacists to begin with. To address my good friend the member for Scarborough Centre, as the Minister of Education (Mr. Conway) would say, they have been so concerned and caring about the people of this province they seem to forget that for a number of years, perhaps 10 or 12, the people of this province were ripped off. They seem to forget they are speaking on behalf of the

people of this province, not just the rich, not just the middle class, but the poor as well.

Mr. Davis: I think we will put lawyers on a government fee schedule next.

Mr. Callahan: I would vote for that. With all due respect, if the member would listen rather than just spouting out occasionally he might learn something.

I want to say, and I do not seem to be getting to that point, that I came here as a freshman MPP, and other people came here as freshmen MPPs, and saw that what was happening was a reshaping of this province. It is a question, after 42 years, of starting to look towards the interests of those people who are not here with lobbyists and are not here with the ability to be able to speak out. They ask us as their advocates to speak for them, to speak for all sections of Ontario, north, south, east and west.

The official opposition is interested in one thing. It is interested in satisfying a group that might contribute to their coffers in the next election.

10 p.m.

Mr. Callahan: I looked at the Sun today and I watched Joe Clark standing there with Mickey Mouse. One can tell that they are equally Mickey Mouse. They are not here for serious issues. They are not here to speak on behalf of the average Canadian or the average Ontarian. I would like to get my hands on an Instamatic camera so I can record those people in the official opposition who will vote against this bill when it comes before the Legislature for a vote, who now consider themselves—

Mr. Andrewes: On a point of privilege, Mr. Speaker: I am sure the member for Brampton (Mr. Callahan) has understood from his legal training the meaning of impugning motives. Without varying too much from the discussion at hand, I would suggest that you call him to order.

Mr. Speaker: I was listening very carefully, and the honourable member does not have a point of privilege. He was, I suppose, trying to make a point of order.

The member for Brampton on Bill 94.

Mr. Callahan: It is too bad Hansard cannot record the frivolity with which the official opposition seems to address this issue.

Mr. Davis: Too bad Hansard cannot point out how many members of the Liberal Party are not here for important events.

Mr. Callahan: The member for Scarborough Centre always has a bright comment. I always

listen to him, because I think his comments are important.

All members of this Legislature and the things they say are important; every member of the Legislature is a sincere, caring individual. However, I have to rise with reference to Bill 94 and the question of the pharmacists bill and say I have been disappointed by the attendance of the official opposition. Very often we have a spattering that looks as if the member for St. Andrew-St. Patrick (Mr. Grossman) had just taken the football and gone home, because they would have three of them in here.

I notice in looking up in the galleries around—I cannot see in that gallery there, but I can certainly see in the galleries there—the massive number of people who are concerned about this issue. The people who are concerned about this issue are the people of Ontario—not the doctors, not a special group but the people of Ontario.

It is not addressed by the official opposition. The official opposition, according to every speech I have listened to thus far, would like to look after the special interest groups.

Mr. Davis: Are lawyers a special interest group?

Mr. Callahan: If I were a former cabinet minister in the official opposition who had to go to bed at night recognizing the fact I had allowed Ontario—the majority of the people in this province are not lawyers, doctors or rich people; they are average individuals who work hard for every dollar they take home and are concerned about those dollars, whether they be out of their pocket or out of the pocket of the public purse, in terms of moneys that are being spent on the Ontario drug benefit plan, which was allowed to be ripped off by this official opposition, who did nothing about it.

I would like to return—

Mr. Speaker: To Bill 94, I hope.

Mr. Callahan: —to Bill 94. I happen to feel I am a very privileged individual to have the opportunity to be a professional in this province. The schools I attended were paid for by the taxpayers of this province. The university, the law school, my right to practise and the courts in which I have to this point experienced great delight in practising and where I also made my professional income were paid for by the taxpayers of this province. It bothers me and creates great—

Mr. Loughren: Was the member a Queen's counsel?

Mr. Callahan: I was a QC. I am no longer, and I am proud of that fact.

Mr. Davis: Did the member earn it or was it a patronage gift?

Mr. Callahan: Try to get a QC in Brampton when it was under William Davis and tell me how I got it, okay? I happen to be proud to have had the opportunity, to have had the God-given intelligence—and I worked hard for it—to have received a first-rate education in this province which allowed me to become a professional.

To relate it to Bill 94, and there is a relation, in some respects it has always embarrassed me that members of my profession who get a little hoi polloi and make a few bucks are not prepared to represent a person on a legal aid certificate.

In my view, the attitude of taking legal aid is fixed to the fact that those institutions I make my professional income from are paid for by the taxpayers of this province. I feel a commitment, and every member of my profession should feel a commitment, to deal with each issue which deserves justification for the totality and the largest portion of this society.

I will bring the topic back to Bill 94. I have heard speeches in this House that would embarrass me absolutely and totally if I were a doctor.

Mr. McClellan: Completely embarrassed.

Mr. Leluk: Totally embarrassed.

Mr. Callahan: The doctors of this province had equal opportunities and the God-given gift of some intelligence to be able to get into medical school. They obviously went through a university which was paid for by the taxpayers of this province, and they went into the practice of medicine. One would hope, and I sincerely believe, 90 or 95 per cent of the doctors in Ontario went into medicine because of the high principles of the Hippocratic oath, because they were concerned about people and knew what they were getting into. Unlike politicians who vote themselves a 45 per cent increase when they get in, doctors went into it because they wanted to heal people.

As I said before, if I were a member of the medical profession, listening to the garbage—

An hon. member: If you were a member of the medical profession I would leave the province.

Mr. Andrewes: Garbage is a big problem in Brampton.

An hon. member: If you were a doctor I would stop defending the system.

Mr. Callahan: That is probably unparliamentary. I withdraw that statement. If I went into the profession and I had to sit on those benches—

Mr. Speaker: The member for Brantford (Mr. Gillies) is not in his own seat. Would he refrain from interjecting.

Mr. Davis: You are coming back.

Mr. Callahan: That is right, the member for Brantford is not allowed to speak, so do not speak. If the Speaker could keep the member for Scarborough Centre quiet, I would appreciate that too.

To get back on track, if I were a member of the medical profession I would be embarrassed. What we are talking about is the same thing which embarrassed me as a municipal politician: setting one's own salary. I would be willing to bet—I have a lot of doctor friends—

Mr. Leluk: You won't have many doctor friends after they hear this speech.

Mr. Callahan: I am sure the the member for York West (Mr. Leluk) will send a copy of Hansard to the doctors just as he did to the pharmacists, and I hope he does, because I am telling it the way I feel and I am representing my constituents. I hope the official opposition will represent their constituents; those who are not the select groups, but the people of Ontario who are not quite as favoured as they are.

Having been given these opportunities, an education and medical degree which cost a significant amount, they took that degree for the reasons I have stated. Those members in the official opposition may figure they are advancing the cause of the professionals in the medical profession. They do not know the doctors I know, who would be embarrassed by the shenanigans they are carrying on and by the absolute and totally dishonest way they are dealing with it in this respect.

10:10 p.m.

Mr. Davis: Mr. Speaker, on a point of privilege.

Mr. Callahan: I have not finished yet. Let me tell the members how this dishonesty—

Mr. Speaker: Order. there is a point of privilege, and I hope it is a point of privilege.

Mr. Davis: I believe it is a point of privilege. I believe the member who is speaking has impugned the integrity of the members of this House who are defending what they believe is important in the argument. He said they were dishonest. I think that is out of order and unparliamentary for a member of this House.

Mr. Speaker: I am sorry, but I was doing something else and I did not hear it. However, I

would like to inform the member it is definitely not a point of privilege.

Mr. O'Connor: Point of order.

Mr. Speaker: Okay.

Mr. McClellan: It is abusive and insulting language of a nature likely to create—

Mr. Speaker: That is right. I am sorry I did not hear it. If the member for Brampton did say that, I am sure he will want to withdraw it and continue with his other remarks.

Mr. Callahan: Actually, I will replace that word with "unsatisfying" and "unsavory."

Mr. Speaker: Are you willing to withdraw?

Mr. Callahan: Yes, I will withdraw the word "dishonest."

The point I am trying to make is that I participate in these debates as much as anyone and the only member thus far who has been prepared to admit how he is voting is the member for Oakville (Mr. O'Connor). He said he was going to vote against it on second reading. That does not necessarily mean anything either. With all the eloquent speeches that have been made by the official opposition, I have not heard from one other member in favour of it. It sounds like the guy who is in the canoe who wants to assist himself with some problem he has internally. He tries to put one foot on one side of the canoe and one foot on the other side and have the benefit of both sides.

That is exactly what those guys are trying to do, with all due respect. They are not addressing the fact that this Minister of Health had the guts, after probably 10 years of waffling by previous ministers, to call a spade a spade and to say that in Ontario we are going to uphold the principle that we have the finest, and I underline that, the finest medical system in the province of Ontario, in the country of Canada and probably in the world.

Some members may have had an opportunity to review the comments of Kennedy in the United States Senate. They came up here and viewed our system because they consider it to be absolutely fantastic.

This system was introduced initially by the federal Liberal government. I also have to give accolades to Tommy Douglas. When Tommy Douglas was interviewed by Patrick Watson he was asked, "What do you ever expect to do, Tommy?" and Tommy said, "We are the conscience of the people." Perhaps that is one of the advantages. They can call it a court if they like—I do not care if they call it a court—but they are in some respects the conscience of the people and they do keep the two free enterprise parties in

line. They make certain we care about the people of this province and this country. For that, I thank them. I would not join their party because I happen to be a free enterpriser. I do not subscribe to what they say, but I do say they are the conscience of the people.

Mr. Andrewes: The member should look at his free enterprisers. If that is free enterprise we are destined—

Mr. Callahan: Let us get back to free enterprise. One of the first tenets I was taught as a professional was that I was lucky to be a professional. They did not have to tell me I was lucky to be a professional. The member for Oakville will share with me the fact that in representing people as he and I do in courtrooms, one deals with people of all types, normally the downtrodden, and one begins to realize those people do not receive the same benefits as the privileged in this province.

This province is not for the privileged, the middle class or the poor; it is for everybody. I remember the old slogan from the 42 years of Conservative government, "A place to stand." That place to stand is not for any privileged group, for any one of those three I have addressed; it is for everybody who cares to be an Ontarian.

I exhort members, as caring legislators on all sides, to go out tonight and try to determine whether there are senior citizens, poor people or disabled people who are not able to receive adequate health care through the medical system as it exists without going cap in hand to a doctor. Whether or not we like it, there are such people in this province.

That is not to put the doctors down at all. The medical profession in this province is par excellence. It includes people who care and who will sit with their patients and review the questions of alcoholism, marital or psychiatric problems. They do care. I do not want anything I say to be construed as meaning they do not. Suddenly, however, we have a group that wants to get a little extra money.

An hon. member: Twelve per cent.

Mr. Callahan: Twelve per cent, and probably as low as about 10 per cent, according to the figures I have.

Let us look at why. What is the gist? Why do they want extra billing? They want it because within the framework of the previous government, now the official opposition, it was determined that the Ontario Medical Association, which was given the money by the government, should have the right to determine

how it would be allocated to doctors under the Ontario health insurance plan legislation. That is the reason they have to extra bill; if some guy has been out of medical school for 10, 15 or 20 years or he is an expert or a specialist, he should be entitled to receive a greater benefit than the guy who is wet behind the ears and just out of medical school.

The member for Oakville will know it was in the legal aid plan, which is probably the closest parallel to OHIP with the exception that lawyers give 25 per cent of their fund back to the province—I do not see that happening with OHIP.

Interjection.

Mr. Callahan: We give 25 per cent back to the province, but I get more than does the guy just out of law school, and the member for Oakville knows that.

I want to give others the opportunity to speak, but I am going to refer to two items. The first one is a passage from the *Toronto Star*, dated January 22, 1986, which I would like to read into the record. I would like to put one other item on the record and then I will sit down and take my place.

"A 70-year-old diabetic with one eye has used her grocery money to pay doctors' bills for five major operations." This is her quote; sleep with this, guys and gals: "'I had to do without clothes, too, and any other extras,' she says. 'Friends and relatives helped me through every time. But it's tough, I'm telling you.'"

"She cheered when the provincial government introduced Bill 94 to prevent doctors from charging more than their patients can recover through the Ontario health insurance plan.

"The Ontario Medical Association says people can always choose doctors who work within the plan, and even those who withdraw from it don't 'extra bill' patients unless they can afford to pay."

Here is another quote from this 70-year-old diabetic, who could be your mother or mine:

"'But I had no real choice.... I was very sick. It wasn't like I could shop around. I paid without question every time I went to the hospital. It bothers me very much not to pay my bills, and I needed their help or I was going to die.'"

Did the Star set that up, or is that really a pensioner talking? If there is one pensioner in this province who is going to be affected by the approach the Tories are taking to extra billing, it is an absolute shame.

10:20 p.m.

Interjections.

Mr. Callahan: I will go on if I may. I want to give them a little bedtime music.

Mr. Davis: We will sleep after listening to the member.

Mr. Callahan: Why does the member for Scarborough Centre not listen for a second? Let him think with his head instead of his mouth.

She says only one doctor in a battery of specialists asked if she could afford his bill. Then he reduced his \$300 fee to \$100 for her sixth operation. Apparently, he spoke to the others too, because they did not bill her that time. Her name is withheld—get this—because she is afraid. Do members know why she is afraid? I will quote from her. "I have to go back to the hospital and I am scared of getting in trouble with the specialists. I have to trust my life to them."

If there is one comment that sums it up, that is it. We all have parents who are about the same age, and by God, I do not want my mother to have to be worried about the specialists.

I will give members one final item. I opened my presentations with my first speech in this House, for which I got hell from the press gallery for talking about a young child. I used the words—I say them again and I stand by those words—"He made the Elephant Man look like Clark Gable." This was a young lad who had been born with a great deformity. I have lived with that young man, in terms of knowing his grandfather and I respect those people totally.

Do members want to know how they are dealing with the issue? They went to a specialist, an expert, in one of our fine medical institutions. He performed operations on this two-year-old child to try to correct some of his deformities. As I recollect, the bill was three times the amount it would have been under OHIP. His mother and father, who are kind, caring, respectable, hard-working people, had to go to a service club to institute a charity to try to fund the extra costs.

If the people in the official opposition and the doctors of this great province can sleep comfortably with that fact, then I pray to God that their children and loved ones are never faced with that problem. I hope no one on the side of the official opposition ever has to face that situation.

I will be watching very closely, as I hope the province will be watching with its seniors, its disabled, its disfigured, its poor and its middle class, when the Conservatives vote on the issue that they have now espoused in this Legislature.

Mrs. Marland: In rising to speak this evening in total opposition to Bill 94, I must first comment on the title of the Health Care Accessibility Act. In my opinion, that is an absolute contradiction with respect to meaning and intent.

The real issue before us, as responsible representatives of the people of Ontario, is not an issue of physicians opting in or out. It has nothing to do with billing, extra billing or otherwise. It has to do with the subject of freedom, not only the freedom of physicians to choose but, equally important, the freedom of patients to choose.

I am not suggesting that everything is perfect in the present system. In this world, obviously, nothing is perfect, least of all anything to do with government. There is always room to improve everything, but that is never done by throwing out the baby with the bath water. It is done by making sure the next bath the baby has is in an improved bathtub with clean water. In the meantime, the baby is alive and healthy and surviving.

If we want to kill the main good thing that we Ontarians have going for us in this province in health care, if we want to destroy that one aspect of health care which is good, we can support Bill 94. Along with the rest of my Progressive Conservative caucus, I have very grave concerns about Bill 94. We have those concerns because we are informed and bright enough to see and understand the real problems with the health care system in Ontario.

We recognize that the issue can hardly be the 12 per cent of the province's physicians who are opted out, especially when only 20 per cent of them extra bill. It may be that the majority of the public does not know or realize those figures and, therefore, I do not expect the public to understand the issue of extra billing.

With the amount and the angle of information the media has fed the public on this subject, it is no wonder the public says, "Of course, we are opposed to extra billing." It is rather like asking them whether they prefer to pay for their groceries or have them free. It makes about the same amount of logic and sense.

The public has not been told by the media what the long-term costs of banning extra billing really are. We can hear the Premier say that the Canada Health Act is costing the province about \$50 million per year in penalties against the extra-billed dollar amount. What the Premier does not tell the public is that if Bill 94 were to become law in this province, the increased doctor's fees for all to be opted out under OHIP and paid the OMA schedule of fees could cost additional hundreds of millions of dollars.

I have to ask the question, has a patient ever died from extra billing? I have an example I would like to quote from an incident that took place in North Bay.

Mr. Speaker: The member has one minute. I do not know how long that will take.

On motion by Mrs. Marland, the debate was adjourned.

10:30 p.m.

Mr. Speaker: The acting House leader has some information for members.

Hon. Mr. Elston: I do have some information for the members. I want to advise the House that the real House leaders have agreed to designate the standing committee on social development as the committee to which Bill 71 is referred, in accordance with arrangements made earlier.

COURT RULING

Mr. Speaker: Pursuant to standing order 28, the question that this House do now adjourn is deemed to have been made. The member for Brantford (Mr. Gillies) gave notice of his dissatisfaction with the answer to his question given by the Attorney General (Mr. Scott), as announced earlier. The member for Brantford has up to five minutes to debate and the minister has up to five minutes to reply.

Mr. Gillies: This is the second occasion on which the Attorney General and I have had an opportunity to debate this issue. I will say at the outset that I very much appreciate the attention and the arguments that were made by the Attorney General when we last spoke on this issue on Tuesday evening. For the record, I appreciate that he is treating this with a sincere interest as I have brought to his attention the concern that surrounds this issue in my riding.

This evening I want to address my comments to the question I asked today and to the response from the Attorney General, not about the specific case I raised in the House last week but rather about the sentencing procedures surrounding cases of the sexual assault of people generally, frankly, not just of children and minors.

My question to the minister was whether the duration of the assault was a prime and an appropriate determination in the sentencing. The reason I asked that question was twofold. In the letter the Attorney General very promptly addressed to me on the subject of the specific case I raised last week, with regard to a sexual offender on his third offence being given a sentence of two years' probation, he said:

"The sentence in question was regarded as appropriate by the crown counsel in question because the sexual assault, while wrongful, was very brief in duration and in the specific

circumstances of the incident not within the category of extreme misconduct."

This led me to make some inquiries of the ministry about exactly what were the prime determinants of the severity of such an assault and the severity with which it was treated by the court. The minister's office told me that the age of the victim was a factor, as well as the duration of the assault, the nature of the assault, whether it was repeated and the prior record of the offender.

I also talked to two crown attorneys, one here in Toronto and another in my home constituency of Brantford, and I was told that many factors were taken into account: the brutality, again the duration of the attack, and whether the act was repeated.

What I would like to get by way of response from the Attorney General is whether the duration of such an act is a prime determinant and whether it is appropriate that it should be so viewed by the crown. I would submit that a sexual assault on a young child can be extremely damaging regardless of its brevity, while an extremely prolonged and brutal attack is going to leave terrible scars on a young child.

However, we have had evidence. Members of the standing committee on social development of this House especially have had much evidence brought before them in the past that would indicate that even a brief encounter can scar a young child and lead to problems in later life.

I would ask the Attorney General to review this whole process. I want him to assure me and to assure my constituents and others interested in this matter that when the crown is looking at the duration of an assault and at the age of the victim, we are not attaching some kind of meat-chart mentality to this kind of crime: that a 15-minute attack is by its nature less damaging than a 30-minute attack; that an attack on an eight-year-old child by its nature is not necessarily less damaging than an attack on a 10-year-old child or a 15-year-old or a 20-year-old.

It may well be that some of the comments made by the learned judge in this case, and the quote from the Attorney General's letter, are subject to misinterpretation. However, I would submit that the anger in the public which, quite frankly, surprises me, the breadth of that anger and the depth of that anger, may be cleared up by a clear and unequivocal statement by the Attorney General as to how these cases should be dealt with.

He should not leave the impression abroad in our province that the duration is an overwhelming factor or that the nature of the assault, the

repetition of the assault and so on were overwhelming factors. I believe this should be cleared up. I feel the Attorney General perhaps did not understand what I was asking or did not have enough information this afternoon. That is why I filed my dissatisfaction with the answer to the question.

Hon. Mr. Scott: The other night, in the earlier version of night court, my friend and I debated the question of whether an appeal was appropriate in this case. I take it we have now passed on from that issue, which is problematic and difficult, to the question of sentencing principles.

My learned friend, who is naturally concerned about this case and about principles in general, in my respectful view misunderstands the jurisdictional responsibilities in this case. It is for the Parliament of Canada under the Criminal Code to establish the parameters within which a sentence in each case must lie.

The Parliament of Canada has decided that for sexual assault, depending on the way the case proceeds, the penalties may lie between an absolute discharge and a penalty of 10 years. That is a decision made by the Parliament of Canada, and this Legislature has no right to alter those outside parameters. Within those parameters, it is the exclusive jurisdiction of the court to decide which of the various possible penalties should be selected for each individual case.

In this case, the judge selected a penalty, and my learned friend thinks the penalty was inapt. He may be right, but it matters not what he thinks or what I think. The reality is that the parameters having been set by the Parliament of Canada, subject always to appeal, the issue he wants to put behind us, which was debated the other night, the decision about what is the appropriate penalty, having regard to the relation of the offence to the public welfare, is a matter subject to appeal exclusively for the trial judge.

If my learned friend thinks the trial judge has misconducted himself or has applied a principle recognized by the common law, which is not appropriate, his remedy again is to ask the Parliament of Canada to pass an amendment to the criminal law to exclude the kind of consideration that the learned trial judge in this case applied.

When determining the punishment appropriate for an offence, the cases in the court, which I cannot alter, nor can he, nor can this Legislature, are quite clear. They establish a number of factors and a number of criteria.

Among those criteria, in cases of sexual assault, are the following: the presence of physical injury in the commission of the offence; the presence of psychological injury in the commission of the offence; the duration of the offence; the presence of violence and the threat of violence. When the judges are deciding where on this scale between absolute discharge and 10 years the penalty should be fixed, they are allowed to consider those factors.

My friend may be entirely right that those are not the appropriate factors. Of course, if they are not the appropriate factors, or if the parameters between discharge and 10 years are wrong, his remedy is to petition the Parliament of Canada, which has exclusive jurisdiction to deal with these matters and to make the appropriate changes.

Even if I agreed with him, even if I could persuade my cabinet and caucus that he was right, which would be easy to do because he is so persuasive, we could do nothing about it in this Legislature. It is a matter for the Parliament of Canada, and the next late show should take place in Ottawa.

The House adjourned at 10:40 p.m.

ERRATA

No.	Page	Column	Line	Should read:
94	3316	2	46	select members must have rights under section
94	3316	2	50	of the selection have exclusive jurisdiction over
95	3340	2	36	from \$43 billion to \$245 billion.

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Legislative Assembly of Ontario

First Session, 33rd Parliament
Friday, January 24, 1986

Speaker: Honourable H. A. Edighoffer
Clerk of the House: R. G. Lewis, QC



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LEGISLATIVE ASSEMBLY OF ONTARIO

Friday, January 24, 1986

The House met at 10 a.m.

Prayers.

UKRAINIAN INDEPENDENCE DAY

Mr. Shymko: On a point of privilege, Mr. Speaker: I rise with your permission to inform the honourable members that this week Canadians of Ukrainian origin throughout our province and in every municipality in Canada will be commemorating the 68th anniversary of the declaration of the independence of the Ukrainian Republic, an event that occurred on January 22, 1918, in Kiev.

We are the only parliament in Canada that, by way of a resolution unanimously passed by this Legislature, recognizes this event and similar events by way of a proclamation of the Premier on behalf of the people of Ontario. This event represents equally not only the hope and struggle of the Ukrainian people for liberty, justice and peace but also the universal strivings of all mankind.

Although the Ukraine was the first victim and Afghanistan the last victim of a similar foreign aggression, I know my colleagues share the hope and faith that some day the Ukrainians will once again enjoy the same freedoms we enjoy in Canada and regain their right to live as a free, sovereign and democratic state.

ORAL QUESTIONS

ONTARIO DRUG BENEFIT PLAN

Mr. Timbrell: I have a question for the Premier. He will be aware that in recent days the Leader of the Opposition (Mr. Grossman) has on several occasions expressed concerns about the effect of the government's opting-out legislation on senior citizens.

He may also be aware that in committee the Minister of Health (Mr. Elston) has indicated an intention to introduce amendments to the Ontario drug benefit plan that will allow individual pharmacists to opt out of the drug benefit program, the effect of which will be that they will not be allowed to collect from the government or the customer for drugs covered under ODB.

Since everyone over 65 is covered by ODB, and since many pharmacies have as much as 40 per cent to 60 per cent of their sales covered by

ODB, can the Premier tell the House how he feels such an amendment will be of benefit to pharmacists, to the senior citizens or to the people in this province who are in receipt of income assistance and are covered by the Ontario drug benefit plan?

Hon. Mr. Peterson: I have a little difficulty understanding the honourable member's question. He says his leader is talking about the effect of opting out on senior citizens, and he feels that opting out is good for them with respect to the doctors?

I am sorry; I missed the thrust of his question. Is he asking me how this will serve the seniors? Is he asking me how the new drug legislation will serve the seniors? What exactly is his question?

Mr. Timbrell: To give the Premier more time to think of an answer, the question is how the intention of the Minister of Health to allow pharmacists to opt out of the Ontario drug benefit plan will in any way, shape or form assist the senior citizens of Ontario, those who are in receipt of income assistance or the pharmacists involved.

Hon. Mr. Peterson: Is the member suggesting we should conscript them all and force them in? We are trying to accomplish the purposes laid forth in this House by the minister on numerous occasions. I am sure the member, as a former Minister of Health, is aware of the problems in the drug industry. I am told many Ministers of Health in the former government came in bright-eyed and bushy-tailed, knowing there was a problem with the drug business, but for some reason never acted on it. This minister has, and he has done so with courage.

It is not the intention to try to conscript people against their will. Hundreds of millions of dollars have been wasted over the years. This has been identified by no less a person than the Provincial Auditor. We are trying to solve that with the help of the pharmacists. The minister's approach is a most sensitive one. If the member has a better one, and if it can accomplish the stated purposes, I invite him and his colleagues to bring that approach to the committee. Everyone is wrestling with it, and I assume the member supports the end we are trying to accomplish.

Mr. Speaker: Final supplementary.

Mr. Timbrell: Mr. Speaker, with respect, this is my first supplementary, inasmuch as the Premier asked for time to think of an answer. The Premier either does not know what the minister has said about his intentions with respect to this legislation or he wants more time to think.

Should his amendment proceed, what will happen in a community such as Sydenham, one with which I am familiar and where there is only one pharmacy, if that pharmacy opts out of the Ontario drug benefit plan as the minister says it will have the right to do? What will happen to the senior citizens in Sydenham and the surrounding rural community, those in receipt of income assistance—

Mr. Speaker: Question, please.

Mr. Timbrell: —who are entitled to receive prescription drugs under the Ontario drug benefit plan?

Hon. Mr. Peterson: They can buy them somewhere else. That is the intent of the legislation. I believe and the minister believes that competitive forces will keep the thing in balance. We do not see a practical problem in that regard. If the member is asking us to conscript them and not let them opt out, I will take his view to the minister.

Mr. D. S. Cooke: This is one of the amendments the government brought in that I do not understand. On the one hand, we are proceeding with legislation to end opting out or extra billing by doctors. On the other hand, the government has caved in to pressure from the Ontario Pharmacists' Association and has brought in an amendment to allow pharmacists to opt out of the Ontario drug benefit plan, as the Tories encouraged the government to do during second reading.

Will the Premier reconsider the government's position on the amendment it has presented and withdraw the amendment, understanding that in single-pharmacy communities there is a risk that seniors and people covered by the ODB will lose access to pharmacists?

Hon. Mr. Peterson: The assessment of the government, subject to more discussion, is that this risk is either minimal or nonexistent because such a high percentage of the business is dependent on that sector. In our view, it is a theoretical risk more than a practical one. I appreciate the point the member makes, but we do not see the similarity the member may see between the pharmacists' situation and the doctors opting out.

They are independent business people and we want to let them operate in that context to the extent we can. When they are dealing with government and a substantial amount of service is directly paid for by government, we have certain responsibilities to make sure the taxpayers' money is wisely stewarded. That is how we are trying to reconcile these things.

10:10 a.m.

Mr. Timbrell: Whether it be with respect to the relations between the government and the medical community, and now the relations between the government and the pharmacists and the pharmaceutical community, or whether it be with respect to all the other professions, what we have is a minister, who along with so many others is apparently in Windsor today, who in the past six months has thrown Ontario's health care system into chaos.

Will the Premier ensure, whether it be through the allocation of funds or through direction from his office, that we stop the confrontation politics, put the health care system back on the rails where it belongs with the priority it deserves and stop putting in place policies that are quite inconsistent, as the member for Windsor-Riverside (Mr. D. S. Cooke) has outlined, and give the people of Ontario the certainty they deserve?

Hon. Mr. Peterson: With great respect to my honourable colleague, I would ask him to probe his own conscience on this matter. He knows very well that a problem existed with the pharmacists. If he does not think there was a problem, he and his colleagues should stand up in this House and say: "It is no problem. We should not be doing anything about it." However, the member knows and I know how this system works.

Mr. Andrewes: We have not said that at all.

Hon. Mr. Peterson: I am saying the member knows there is a problem, but he and many other ministers failed to deal with it because, frankly, they did not have the guts, or they got the run around in addressing the Premier's office.

I know these things are hard. We are not interested in confrontation, but we have a great respect for taxpayers' dollars. We also have a great respect for the people who provide those services and who want to do so in a way that brings harmony into the system. However, if harmony is just selling out to certain private interests, that is not my view of harmony.

We all have a responsibility: the professionals, the private sector and the government. We are

showing leadership, something those guys over there never showed in this matter.

Mr. Timbrell: In six months the government has taken one of the best health care systems in the world and turned it upside down into chaos.

HOSPITAL FUNDING

Mr. Timbrell: My second question is to the Treasurer. Random calls made by our staff to various hospitals in different parts of the province, such as St. Catharines General Hospital, Sudbury General Hospital, St. Thomas Elgin General Hospital, Ottawa Civic Hospital, Oshawa General Hospital and Cambridge Memorial Hospital, just to name a few, show that in recent months the problems of overcrowding in emergency departments and shortages of various types of beds have become more and more acute. It is a province-wide problem and it is another aspect of the disarray that has been allowed to set in in the last six months since the member for Huron-Bruce (Mr. Elston) has taken over responsibility for the ministry.

Will the Treasurer assure us that he is going to give the minister sufficient allocations of funds to address the problems of hospital budgets and to add to the hospital and health care system sufficient numbers of chronic care and nursing home beds to relieve these shortages?

Hon. Mr. Nixon: I am sure the House does not find it credible that any problems in accommodation in the hospital services of the province have arisen simply since the accession of this government. That is not so. As a matter of fact, the transfers of dollars to hospitals through the Ministry of Health were increased by an average of more than eight per cent this year, which is a level of transfer for which we do not offer apologies.

We do wish it could be more, but in the allocation of our reserves the basic transfer was based on the spending estimates we inherited from the previous government. To that we have added additional funds, which you would be aware of, Mr. Speaker, since they have been debated in this House on a number of occasions.

I wish I could say that the resources of the province were sufficient so that the transfers in the upcoming fiscal year would be such that all these problems would disappear. When we look at recent reports indicating the need for the renewal of cancer treatment facilities, which have been allowed to decline from their former excellent levels to where they are a matter of concern for everybody in the House and in the

province, we know that some special efforts will have to be undertaken, particularly to upgrade those levels of treatment. This does not mean other insufficiencies can be disregarded in any way.

All I can say in response to the former minister's question is that he would know, having had similar responsibilities in the past, that these problems are not new. The transfers this year were larger than they have been in the past and all of us in this House, certainly the Treasurer and the Minister of Health, recognize the tremendous pressures on us in the coming fiscal years.

Mr. Timbrell: I know that in my time as minister, in every part of the province new hospitals, additions and alterations, including the Willett Hospital in the Treasurer's own riding, as well as the addition of beds, were approved by this former minister.

The Treasurer will no doubt be in Windsor tonight and during the weekend. While he is there will he take the opportunity of his presence in the great city of Windsor to honour the commitment the Minister of Labour (Mr. Wrye) made months ago when he said the soil would be turned in September for the new chronic care facility in that city? Will he announce today or tomorrow the funds to give effect to that commitment?

Hon. Mr. Nixon: In the instance to which the member refers, I understand that a design-build study is being reviewed right now. I am informed by my friend and colleague the member for St. Catharines (Mr. Bradley) that money has already been allocated for the expansion of the St. Catharines General Hospital emergency ward. It should have been allocated previously.

The member has the temerity to refer to the famous Willett Hospital in Paris. He is the person who reversed the decision of his former Premier, the member for Muskoka (Mr. F. S. Miller), who was going to close the hospital.

The continuing problems there are not a problem of funding but a problem that is far removed from that. I have already indicated specifically the St. Catharines situation, the Willett situation and the Windsor situation.

Mr. Timbrell: Is the Treasurer going to announce it this weekend?

Hon. Mr. Nixon: No, we are not.

On a point of order, Mr. Speaker: The honourable member is intruding by interjection the question, "Is the Treasurer going to announce it this weekend?" The government of this province does not try to take political advantage—

Mr. Speaker: Order. That is a point of view.

Mr. D. S. Cooke: I find it passing strange that the member for Don Mills (Mr. Timbrell) would raise the matter of the Windsor chronic care hospital. When he was the minister, along with the member for Muskoka he tried to close Riverview Hospital in Windsor.

My supplementary question deals not only with the Windsor situation but also with the problem right across this province. Earlier this week my leader visited three hospitals where emergency rooms were jammed. The fact is that there is a crisis. Whoever caused it does not matter. Patients still suffer.

When is the government going to put some of these facilities, such as the Windsor chronic care hospital, on stream and, equally important, the home care program for the frail elderly that has been promised for years and would alleviate some of the crowding problems?

Hon. Mr. Nixon: The honourable member will know that the budget had an \$11-million additional fund for assistance for elderly citizens of the province. That money has been allocated and is being allocated at the present time for use during this fiscal year and next fiscal year.

However, to return to the situation of hospital facilities, every one of us, from our experiences in our own constituencies, knows this is a matter that has been and still is of continuing concern. We have increased the allocations of funding and I have already referred specifically to some very special matters that will have to be given special consideration by me as Treasurer and by all my colleagues in the government.

Mr. Rowe: During the past year the Royal Victoria Hospital in Barrie has operated well beyond capacity. Records show that four to five patients a day are lying in the emergency ward waiting for hospital beds. Last Wednesday 17 patients lay in emergency and some 200 more were treated for various ailments. How much longer does the Treasurer intend to let this game of health care roulette continue?

Hon. Mr. Nixon: I can assure the honourable member that we are moving towards the solutions more rapidly than honourable members who were Ministers of Health in the previous government undertook such a movement.

I have already referred to the increase in the amount of the transfers of these dollars. We hope we will be able to do something for the specific instance to which the member referred. I personally will refer it to the Minister of Health. I am sure he is already aware of it.

10:20 a.m.

FACULTY OF ARCHITECTURE AND LANDSCAPE ARCHITECTURE

Mr. Rae: My first question is to the Treasurer. It concerns the announcement yesterday by the president of the University of Toronto that the university plans to close its faculty of architecture. The Treasurer will be aware of the outrage that has been expressed in the architectural community by this decision. The University of Toronto is the only university in Ontario that has a graduate faculty of architecture. It is one of three universities today in the province that has a faculty of architecture. Montreal has two.

What steps does the Treasurer, as the person responsible for the funding of our universities, intend to take to ensure that the University of Toronto and the city of Toronto continue to have a world-class architectural faculty right here in this city?

Hon. Mr. Nixon: It would be extremely unfortunate if the school of architecture were allowed to close. When we left here at the end of the session last night, the students were undertaking a demonstration in front of this building and setting up their obelisk. I saw it on the news. This morning when I came in, I had a chance to talk to the students, but so far I have not talked to anyone at the university in this connection. The Minister of Colleges and Universities (Mr. Sorbara) may be able to give more specific information.

I am sure the leader of the third party is aware of the matters referred to in newspaper reports of continuing turmoil, which is the word the newspaper report used, in the administration of the faculty of architecture, the dissatisfaction in the architectural community and of the students themselves, who have refused to participate in certain of the educational initiatives, saying they were not up to the standards they required. This is not a new situation. The president of the university indicated that underfunding for the last decade has contributed to the problem he has now brought to the public.

The closure is a recommendation. As far as I am concerned, I hope the government can do something useful to persuade the administration of the university to maintain this excellent faculty, that has had such an excellent reputation. We are not promising additional dollars, but we do recognize that this is a recommendation from the president and not a fiat.

Mr. Rae: No, the world of fiat is one exclusively occupied by the Treasurer when it comes to education.

With respect to this recommendation by the president, I hope the Treasurer is aware that Dr. Connell pointed specifically to the question of underfunding as being at the very core of the decision. He said very clearly if funding were available, this decision would not have been made. What steps does the minister intend to take as Treasurer of the province to ensure not only the survival but also the flourishing of centres, such as the faculty of architecture, which are crucial to the future of Ontario?

Hon. Mr. Nixon: Every member of the House knows the universities are autonomous. They make their administrative decisions and we provide the funds we can. The honourable member will know from the last question directed to me that pressures to provide facilities for hospitals are equally important, direct and aggressive. These decisions have to be made in a balanced way. Our decision is not to close the school of architecture, but I reiterate that the president has indicated that lack of funding or inadequate funding over a decade has contributed to this problem.

I hope we will be able to provide assistance, at least as good as last year, when an educational excellence fund transferred an additional \$60 million to \$80 million to the universities above and beyond what was in the spending estimates we inherited. Specifically for the University of Toronto, there was an additional \$9 million for administration and improvement of its facilities. The president and his board make the allocations of those dollars. Just as in hospital services, we wish there was more.

Mr. McFadden: The Treasurer intervened directly with regard to the future of the Ontario Institute for Studies in Education. Since his announcement in the budget, he has sent letters and communicated directly about the future of OISE in a very personal way. Will the Treasurer now undertake to this House to intervene in the way he has done with the transfer of OISE to help to maintain the faculty of architecture, or at least to try to resolve the current impasse on financing with the University of Toronto?

Hon. Mr. Nixon: I and any member of the government would be glad to hear from the administration of the university. They have not communicated with the Treasurer on this. The member refers to my letters with regard to OISE. They were answers to communications that had come from the university and a few others.

Mr. Rae: Because of the nature of this decision, does the Treasurer now better understand the concerns of an institution such as OISE,

especially about being subjected to the budgetary decisions of the University of Toronto? Can the Treasurer assure OISE its fate within the University of Toronto would be any different than that of the faculty of architecture has been?

Hon. Mr. Nixon: I can repeat the assurances I have made repeatedly in the past that the funding for research in education will not be decreased.

Mr. Rae: The universities will be autonomous; the Treasurer himself said it.

TASK FORCES

Mr. Rae: I have a skill-testing question for the Premier. In which of the following areas has the government of Ontario not established a task force or special inquiry: midwifery, overtime, equal pay in the private sector, the Nursing Homes Act, a French-language school board in Ottawa-Carleton, mandatory retirement, gas prices in northern Ontario, government in Metropolitan Toronto, the insurance industry crisis, single-industry towns in northern Ontario and senior citizens?

Hon. Mr. Peterson: I am not sure I grasped it all. I will not ask the honourable member to repeat the list, but it is a very effective way to go.

Does the member know what we will do? We will just perhaps rip up the accord and not look into these matters any more.

Hon. Mr. Nixon: How is that for a threat?

Mr. Rowe: Better get your slippers on for that one.

Hon. Mr. Bradley: Let us call in a counsellor. I think we need a marriage counsellor.

Mr. Breaght: They will pay for this.

Mr. Speaker: Order.

Mr. Rae: The Premier will appreciate, in the smugness which has enveloped him, and no doubt will for a few more days, that the people of Ontario have expected action. They have voted for action in a number of areas. What they are getting in a number of them is not action but task forces. It used to said we had government by polls; now we have government by task forces. Does the Premier not recognize there is an increasing impression that his government is more interested in studying things than in actually doing anything about them?

Hon. Mr. Peterson: We have not established task forces on extra billing, drug prices, acid rain abatement or many of the things we have done. It is interesting that the member accuses me of that. I get accused regularly of doing too much, that we are operating on too many legislative fronts at

the present time. It is at such a dizzying pace that it is very difficult for the members of the official opposition to keep up with us.

We have registered our concerns about these things and we are approaching them in the most thoughtful way. The third party may think it has all the answers to all of these problems. That is a prerogative of the socialist mentality perhaps, but we consult. We believe in including everyone in our deliberations.

Interjections.

Hon. Mr. Peterson: Do the members want me to go on? Charged with the responsibility of governing as we are, we include all the people because we speak for all of the people of this province, not just selected interest groups.

10:30 a.m.

Mr. Rae: Since rationalization, consolidation and all those things are very much the name of the game, does the Premier not agree that perhaps a better way to proceed with respect to these task forces would be to establish a royal commission with the following title: Mandatory Retirement, Working Hours, Equal Pay and Insurance Needs of Midwives, Senior Citizens and Nursing Home Residents Involved in French-Language School Boards, the Governance of Metropolitan Toronto and Single-Industry Towns in Northern Ontario and Who Drive to Work in the North Commission?

Hon. Mr. Peterson: That is a most constructive suggestion and I appreciate it. We will establish a task force to figure out whether we should have that royal commission. If the rumours are true that the honourable member is looking for a new job, we will consider him to head that royal commission.

GASOLINE PRICES

Mr. Jackson: I have a question for the Premier. Will he please explain the cause of the apparent confusion in the minds of consumers when they see the price of crude oil fall and the price of gasoline at the pumps rise? Can the Premier tell us why that is happening?

Hon. Mr. Peterson: That is a legitimate question. I understand certain members in Ottawa have been asking those very same questions of the minister responsible and I gather she has not been responding. Knowing how close the member is to the federal minister who is responsible for these matters, I hope he will use his good offices and the high esteem in which he is held by the federal Conservatives to try to get

those answers, because no one else has been able to get them.

Mr. Jackson: It is hard to believe the Premier does not have an opinion about price adjustments or pending price adjustments. After suggesting some adjustments may occur, what will his position be on this matter now that he is the Premier? Will he support the position of the royal commission report of 1976 that says the oil industry is competitive and consumers are well served, or will he support his old position, the position held by the member for St. Catharines (Mr. Bradley) who in January 1985 suggested more direct intervention in the marketplace? What is the Premier's position this year and will he speak for the consumers?

Hon. Mr. Peterson: I think we have been speaking for the consumers. From the consumers' point of view, we are delighted to see prices falling as the consumers should be able to take advantage of that. What the member has to do is ask his good friend Pat Carney why this is not being translated to the consumers of this province. That is the question. I also think the member will want to ask the former Ministers of Consumer and Commercial Relations, whose responsibility it was. They will tell him clearly that he is asking his questions in the wrong House.

Mr. Swart: The province does have authority over consumer prices, as the Premier well knows. Even the former government intervened when there was an increase in oil prices to hold down the retail price for a period of time, until the gasoline in stock was used up. Can he not use the power he has over consumer prices to do an investigation and force consumer prices down when the gasoline they have in storage is used up, instead of waiting for the federal government?

Hon. Mr. Peterson: The dilemma I have is that I was assailed by the member's leader a minute ago for having too many task forces. Now he wants a task force to look into the price of energy. One cannot win. I wish those members would get their act together. From the government's point of view, we have done a great deal. He knows the leadership we took in removing and lowering proposed taxes on gasoline to benefit consumers in this province.

RADIOACTIVE LEAK

Mr. Charlton: I have a question for the Premier. He is no doubt aware that one of the spent fuel storage pools at Douglas Point is leaking about 500 gallons of radioactive water a day. Does the Premier understand the signifi-

cance of this discovery? Can he tell the House what approach the government is going to take to deal with this problem?

Hon. Mr. Peterson: I am aware of what the honourable member is saying. I understand there was a full report from Ontario Hydro on this matter. I may be deficient in some of the details I am telling the member because I am going by memory. I understand they have checked into it. There is no noticeable or radioactive material in the leak and there is no threat to human health or the environment. It has been going on for some time—I am not sure how long—and it is under control.

Mr. Charlton: Perhaps the Premier has missed the significance of the discovery.

In the select committee on energy last fall, Hydro took the position these storage pools were virtually impregnable, earthquake-proof and capable of storing that fuel for as long as necessary. Now there is a pool that is only 20 years old that is leaking 500 gallons a day as a result of no extraordinary event at all.

Is the Premier prepared to demand that Hydro do a complete study of all of the storage pools at all its facilities and report to this House on the condition of deterioration of those facilities?

Hon. Mr. Peterson: It is a legitimate point the member is raising in this House today. I can remember many discussions over a very long period about these kinds of things: the question of the storage of spent fuel and the entire question of how we are going to get rid of the nuclear waste. I do not know the answers to those things and I am not sure anyone else does either, but this may be a legitimate area for the select committee on energy to look at.

I think it is one of those things that defies superficial solutions. It is one that probably needs a thorough legislative review. If there can be some discussion at some point in the future, that might be an appropriate agenda item for the committee.

Mr. Jackson: Would the Premier agree to help further the efforts through discussions with the federal government in order to work with Atomic Energy of Canada Ltd. to find a permanent storage facility for these spent fuels?

Hon. Mr. Peterson: Absolutely. Those discussions are ongoing, as the honourable member knows. I do not have anything else to report to him, but as governments, as a generation, as a society, we are all looking for answers to those very tough questions.

YOUNG OFFENDERS

Mr. Speaker: The Minister of Correctional Services has a response to a question previously asked.

Hon. Mr. Keyes: Unfortunately, the member for Algoma (Mr. Wildman) who asked the question is not in the House today, but this is to assure him. In a very detailed review of the statistics surrounding the accusations that were made with regard to a breach of the Young Offenders Act, may I assure this House there was no such breach? The individuals who were kept for varying periods of two, three, four days, etc., were there under court order of a youth court judge under clause 7(3)(b) of the Young Offenders Act.

FACULTY OF ARCHITECTURE AND LANDSCAPE ARCHITECTURE

Mr. McFadden: I have a question for the Minister of Colleges and Universities. I am sure the minister was concerned about the announcement that the faculty of architecture could be slated for closure, as were all members of this House and people in the architectural and university community generally.

Could the minister tell the House what, if any, discussions have taken place to date with officials of the University of Toronto concerning the proposed closure and what, if any, discussions are now proposed to take place in connection with it?

Hon. Mr. Sorbara: I have met with Dr. Connell, the president of the University of Toronto. Two days ago, in the afternoon, Dr. Connell and I met to discuss this issue. He advised me at that time his administration had made a decision to recommend to the governing council that the faculty should be closed.

I was saddened at the news. We discussed the possibility of alternatives, but it was clear President Connell and his administration had set a clear course and it was their intention to make that recommendation.

Mr. Davis: I thought education was a high priority for this government.

Mr. Speaker: Does the member for Scarborough Centre have a supplementary?

10:40 a.m.

Mr. Davis: No.

Mr. McFadden: One area that concerns me is the future of the students now enrolled in that faculty. In the proposal it is suggested there could even be a closure over a four-year period. If the proposed closure goes ahead, is the minister

prepared to intervene to ensure that the education of the students now enrolled in the faculty of architecture is in no way impaired by that decision?

Hon. Mr. Sorbara: During my meeting with Dr. Connell, one of my primary concerns, in view of the recommendation he was going to make to his governing council, was the future of the students in the current program. He assured me in no uncertain terms that the proposal he would be bringing to his board of governors would be cast in a framework of ensuring the completion of the education of those students.

Let me point out to the member for Eglinton that this is not a problem. The problems at the faculty of architecture and the University of Toronto are not problems that have arisen overnight. Dr. Connell suggested to me that the difficulties in that faculty have existed for more than three and a half years and that we are experiencing a situation where the administration appears to have no alternative but to make that recommendation to the governing council.

The most important thing to state at this point is that the administration and the governing council will be setting up a full and open hearing process of committees of the governing council to air the issue. No decision has been made. The decision will be made by the governing council and it is appropriate to leave that decision to the council.

Ms. Bryden: Does this not point up very markedly the underfunding of the university system over the past decade and the absolute necessity for reversing that underfunding? Is this a new form of rationalization, as suggested by the Treasurer (Mr. Nixon), resulting from the underfunding? What is the minister doing to increase the funding at both the provincial and federal levels?

Hon. Mr. Sorbara: There is no doubt that underfunding of post-secondary education has a role to play here. Indeed, Dr. Connell said things might have been different if far more resources had been available to the university over the past decade.

That being said, it is important to point out that it is also a programmatic problem. Dr. Connell said to me in no uncertain terms that he was not satisfied, and has not been satisfied for a very long time, with the quality of the program. When we talked about funding and I posed the hypothetical question whether, if additional resources were directed towards the University of Toronto, the university would use those funds

to re-establish a faculty of architecture, he could not assure me of that.

Theoretically, I guess the government has the alternative to say that notwithstanding programmatic decisions—

Mr. Speaker: Order.

Mr. Gillies: How about a shorter answer?

Mr. Speaker: Order. I think that is a fairly complete answer.

Mr. Baetz: It is claptrap.

Mr. Speaker: Order.

— SPRAY PROGRAM

Mr. Laughren: My question is to the Minister of the Environment concerning the intention of his colleague the Minister of Natural Resources (Mr. Kerrio) to spray our forests in northern Ontario.

I assume the Minister of the Environment knows the budworm egg counts are down dramatically in every district of northern Ontario this year. The booklet being distributed at the open houses states that if valid studies showed it posed a significant threat to the environment, the spraying of any insecticide would be stopped. Finally, since labelling laws in the United States require the following label on fenitrothion, "This product is toxic to fish, birds and other wildlife. Birds and other wildlife in treated areas may be killed. Avoid direct application to lakes, ponds and streams," will the minister require that any spraying that is done in the north be done with Bt, not with chemicals?

Hon. Mr. Bradley: As I have in the past in the House, I can assure the member that the Minister of the Environment will be placing before his colleagues the position of the ministry as it relates to the soundness of any program that might be developed.

The member will be aware that representations have been made to the government from various members of the Legislature about concerns that have arisen in regard to the kill of the forests. The minister has attempted to respond to this, and as Minister of the Environment I will place before members of the government all environmental considerations to ensure that whatever program is selected is environmentally safe and sound.

Mr. Laughren: The open houses were designed to inform and to get feedback from the public. Does the minister think it is fair that the mail-back cards being distributed at the open houses ask the public to vote yes or no to the question, "I support efforts to save our forests from this serious infestation"? That is hardly an

intelligent question designed to determine whether people want spraying or what kind of spray should be used. Will the minister put an end to this charade and have a proper environmental assessment of spraying?

Hon. Mr. Bradley: As I indicated in an earlier answer to the member, all environmental considerations will be placed before us. When the member asked this question the other day in the House with a view to making a comment on the specific material that was presented, I indicated to him that I thought there were a lot of people in this province who, using their own initiative, would comment in whatever way they saw fit.

As the Minister of the Environment I invited comments other than a yes-or-no answer, such as letters or petitions to the Minister of Natural Resources and the Minister of the Environment, anything that might have an influence on the ultimate decision that would be made by the government. We welcome that input. We look forward to continuing input on the part of all concerned. I will take into consideration every letter that is received and every personal representation that is made.

Mr. Speaker: Order. That is a fairly complete answer.

Mr. Harris: This is not a new problem. It is the same problem that was gone through last year and the same type of program is being proposed. Last year the solution was to spray with Bt. The results of the program are here in Landmarks, the glossy magazine put out by the Ministry of Natural Resources. It tells of the wonderful success the Bt spraying program had last year.

The minister is not looking at anything new. The ministry is looking at the same information it had last year. I am sorry the Minister of Natural Resources is not here today. He is probably in Windsor. I do not know whether they are spraying there.

Mr. Speaker: Question, please.

Mr. Harris: He has caused so much confusion out there. He said he was going to spray with chemicals and then he said the ministries were looking at it. He said we should do this. Why will the minister not stand up now for the environmentalists? Why will he not stand up for the environment and give us the answer?

Hon. Mr. Bradley: When the member gets up to ask this question I wonder whether he has checked with some colleagues in his caucus who have made representations other than those he is making at present.

The member will recall that the previous government made a decision on this matter that happened to come a few days after the election when that government was attempting to court members of the New Democratic Party. The decision was influenced, at least to a certain extent, by the fact they were attempting to get into a marriage situation with their present partners in the opposition. When they have a complete, united caucus position for a change, they can get up and ask a question of that nature.

10:50 a.m.

SENIOR CITIZENS' UNITS

Mr. Gordon: I have a question for the Chairman of Management Board in the absence of the Minister of Housing (Mr. Curling). Will she assure me that an allocation of funds has been made to construct 220 senior citizens' nonprofit units in Thorncliffe Park in East York, a community in which 16.5 per cent of the population is over 65?

Hon. Ms. Caplan: I am not sure why the honourable member has asked me that question. I would be happy to check it out and get the answer for him.

Mr. Gordon: In view of the pressing need for senior citizens' units in East York, and given the fact that the developer was told by Ministry of Housing staff that approval was pending the 1986 allocation of funds for nonprofit and co-operative housing units, now that this announcement has been made and the Metro Toronto Housing Authority has placed this project on its priority list, will the minister approve the necessary funds immediately? Or is she waiting for a more propitious time, such as the election?

Hon. Ms. Caplan: Now I understand the purpose of and reason for the question. As the member should know, we are currently going through the allocation and estimates process, where the ministries come in and their allocations for the next year are determined before the budget is set for the next fiscal year.

The Ministry of Housing is at this time receiving applications under our assured housing program from many municipalities to let the ministry know what their needs are and how we on this side of the House and in government will be able to respond.

I can assure the member that the Ministry of Housing will be presenting the municipalities with the programs that are available to them and listening intently to all the many needs that were left unmet during the past many years by the members opposite. We will be responding.

— SPRAY PROGRAM

Mr. Laughren: I have a question for the Minister of Northern Development and Mines, who knows and cares a great deal about both the forests and the environment of northern Ontario. Would the minister tell us what his position is on spraying? Does he think any chemicals should be sprayed on the forests in northern Ontario?

L'hon. M. Fontaine: Premièrement, la question, je n'ai pas d'affaire à y répondre. Je vais en discuter avec mes collègues. À ce moment-là, je lui donnerai la réponse.

Interjections.

Mr. Speaker: Order.

Mr. Harris: Mr. Speaker, on a point of order: The minister was asked a question. He must either answer the question or refer it. It is his prerogative. We do not agree with it; we think he should have a position. However, he referred it to the Minister of the Environment (Mr. Bradley).

Is the Minister of the Environment going to answer the question on behalf of the Minister of Northern Development and Mines?

Hon. Mr. Bradley: If the question is referred to me, I can indicate once again that all environmental considerations will be given to this decision. The member would know—he has been in this Legislature longer than I and is more experienced than I in the legislative proceedings of this House—that this is a decision of the full cabinet. In other words, all the information is brought together, the ministers put forward their ideas and the cabinet ultimately makes a decision on the program that will be followed.

That is precisely what will be done. The opinions of all members of the House will be taken into consideration, including those in the Progressive Conservative caucus who have indicated their support and those who have not indicated their support. We want the widest degree of consultation on this question.

Mr. Speaker: Order. This is becoming somewhat repetitious. Supplementary, the member for Nickel Belt.

Mr. Laughren: The reason I asked the Minister of Northern Development and Mines (Mr. Fontaine)—

Mr. Speaker: Supplementary to the Minister of the Environment.

Mr. Laughren: Mr. Speaker, I really do not want another smart-aleck response.

Mr. Speaker: The purpose of this is question period and I asked for a supplementary.

Mr. Laughren: I would like to put my supplementary to the Minister of Northern Development and Mines rather than to the Minister of the Environment. Is that appropriate?

Mr. McClellan: That is who he asked in the first place.

Mr. Speaker: I appreciate that. The question was referred to the Minister of the Environment and the minister responded. The supplementary is supposed to flow from the response. Therefore, according to the tradition of this House, I suggest the member place his supplementary to the Minister of the Environment.

Mr. Laughren: Mr. Speaker, I will accept your direction.

Why does the Minister of the Environment not have the courage to put before this assembly his position as to why he is going to allow the Minister of Natural Resources (Mr. Kerrio) to spray one litre of chemical spray on the forests of northern Ontario?

Hon. Mr. Bradley: As I indicated to the member previously, that decision has not been made. We are going through a consultation process. The Minister of Natural Resources has set up what he refers to as open houses around Ontario, specifically in the northern and eastern parts of the province where the problem has been most clearly identified. He has put forward a proposal to which I am sure there will be a clear response by those who are in favour of that proposal and by those who are against it.

Ultimately, the decision must be made by the entire cabinet, and the input of all members of the cabinet will be forthcoming then. In the tradition of cabinet solidarity about items discussed in cabinet, it will be a full decision of the government. We will all express our views in caucus and in cabinet and a decision will be announced.

Mr. Gordon: Is the minister aware that people in the north view this approach to the problem as being very negative and against people in the north? The minister will go to any lengths and will spend millions of dollars sucking up a blob of chemicals off the bottom of the St. Clair River, while at the same time he is preparing to dump chemicals on the people who live in the north and on the wildlife. Will the minister give us an answer? Is he going to stand up for the environment?

Hon. Mr. Bradley: I am not quite sure what the question was or how it relates to the other one. The member knows if any program were instituted in the north that had the effect of

spraying any product the government finally decided on, that would be a significant expenditure in northern Ontario.

Mr. Gordon: I am not talking about money; I am talking about people's health.

Hon. Mr. Bradley: He was. The member said the government was prepared to spend a considerable amount of money in the St. Clair River but not in northern Ontario. I am suggesting the government will spend in northern Ontario as well.

11 a.m.

I wish the member for Sudbury would consult some of his colleagues in the Progressive Conservative caucus who have expressed a different point of view from the one he is expressing. This government has not made the decision he suggests it has made. When we make the decision, he will find it is environmentally sound. Now if the member was listening, he will have heard the answer.

MASSEY-FERGUSON

Mr. Gillies: My question is for the Treasurer in regard to the Massey-Ferguson company. In his statement of December 17 about the restructuring of this company, the Treasurer mentioned job guarantees as being part of the new agreement. In view of the fact that the company has now announced that most of the workers who were due to be recalled in January or February will not be back to work until June at the earliest, what assurances can the Treasurer give the House that we can have any realistic expectation that these job guarantees will be met?

Hon. Mr. Nixon: There was some concern that the layoff that began before Christmas might even occupy a full 12 months until the reorganization of the company had taken effect. The honourable member is aware that the reorganization is designed to collect the various parts of the Massey combine organization from a number of geographic points, the United States actually, apart from Toronto, and centralize it in Brantford. The guarantee is for a specific number of jobs with the company operating with its combine capacity almost exclusively.

As for the guarantee, the layoff had already occurred, and it was no part of the guarantee that the layoff would end by a specific period of time. As far as we are concerned, the jobs still exist and there is a consideration that the numbers will increase. We hope the people will be called back to employment in the spring, and I am confident that will happen.

Mr. Gillies: I am sure the Treasurer shares my overriding concern that these workers get back to work. What tangible steps is the Ministry of Industry, Trade and Technology taking to assist this company to diversify its product line, to see that the workers get back to work and to ensure public investment in this company?

Hon. Mr. Nixon: The member will know that our predecessor government and the previous government of Canada had invested something like \$200 million in Massey-Ferguson. What we want to have happen is a resumption of prosperity in the farm economy, so the farmers with some profit or some prospect of profit will be able to go out and buy some of the excellent machines manufactured in Brantford by Massey-Ferguson.

Unfortunately, the projections for the farm economy remain somewhat less than enthusiastically high, in spite of the excellent programs that have been brought forward by my colleague the Minister of Agriculture and Food (Mr. Riddell). We are disappointed in the prices of the agricultural products on the world market and we are hoping there will be improvements, but—

Interjections.

Hon. Mr. Nixon: The hell with it.

Mr. Stevenson: Compare them with Alberta and Saskatchewan. The farmers of Ontario have fallen further behind in the last six months than in any other six months in the history of Ontario.

Mr. Speaker: Order. New question quickly, the member for Hamilton East.

HAMILTON HARBOUR POLICE

Mr. Mackenzie: With 11 seconds left, it will have to be quick, Mr. Speaker.

I would like to ask the Solicitor General whether he is aware that the employees of the Hamilton Harbour Police have now been informed in their meetings with the Hamilton Police Commission that the best they can expect is part-time civilian employment, which means no benefits, nothing. What are they going to do with the nine to 23 years' seniority and service they have put in and their training at the police college? Is the Solicitor General prepared to intervene in that situation or is he prepared to sit down with the harbour police?

Hon. Mr. Keyes: I am aware of the situation through the media and I have referred it to my staff. We will be discussing it internally and may be meeting with the Hamilton-Wentworth Regional Police later.

SUPPLEMENTARY QUESTION

Mr. Harris: On a point of order, Mr. Speaker: I ask you to reconsider what I thought was a very

hard and fast decision on your part with regard to the member for Nickel Belt (Mr. Laughren). He asked a question originally of the Minister of Northern Development and Mines. That question was referred to another minister for an answer, which is entirely in order.

You have stated that your ruling is that the supplementary must flow from the answer. If that is so, the answer could very easily give rise to the question going back to the original minister. I ask you to consider that it may in fact beg that the question go back to the minister of whom it was originally asked.

If the criterion is that it flows from the answer, surely that is not reason enough to say automatically that the supplementary has to go back to the same minister.

Mr. McClellan: Mr. Speaker, I agree completely with my colleague the member for Nipissing. I would ask you to reconsider the ruling.

In fact, there were two answers to the question. The question was directed to the Minister of Northern Development and Mines, who stood in his place and answered. His answer was that he was unwilling to respond and he redirected it to his colleague. It seems to me that my colleague the member for Nickel Belt then had the choice of directing his supplementary to whichever he wished of the two ministers who had answered the question.

On reflection, I believe you should think about the ruling again, because it is most unfair for members who ask questions of ministers to be unable to pursue their line of questioning with the minister they wish to question.

Mr. Speaker: I appreciate the members' comments. I will certainly look at that particular case. However, I still feel very firmly that it has been the tradition of this House, according to the standing orders, that if a question is referred to another minister and if the question must flow out of the response, it can be directed only to the minister who made the response.

Mr. Rae: Mr. Speaker, if I may complete the point in response to what you have just said, the point my House leader made was that there was not simply a referral. In the first instance there was a refusal to answer the question, the minister saying he would prefer not to answer it; then he chose to refer it. The fact that he chose not to answer the question could in itself be the subject of a supplementary question.

Mr. Speaker: I said when I started that I would look at that particular case. I may have been incorrect in that, so I will take a look at it.

However, generally the tradition is as I have stated.

SESSIONAL BELLS

Mr. Andrewes: On a point of order, Mr. Speaker: Some months ago a number of members were asked by the assembly to take up residence in the Whitney Block. After that move, Bell Canada installed sessional bells in these members' offices, but since that date those bells have not worked.

On behalf of those of my colleagues who are now resident in the Whitney Block, would you instruct someone to remedy that situation?

Mr. Speaker: I did hear that this situation was happening and I understood that some action was being taken last Wednesday. Some of you may have been in the halls later on Wednesday and heard the bells ring for quite some time. However, I will make certain that the right authority hears of that request.

ORDERS OF THE DAY

ELECTORAL DISTRICTS REDISTRIBUTION

Hon. Mr. Nixon moved, seconded by Hon. Mr. Scott, resolution 17:

That the order of the House of Thursday, June 16, 1983, as amended on Friday, November 30, 1984, and Friday, July 5, 1985, authorizing and prescribing the terms of reference of the Commission to Redistribute the Ontario Electoral Districts be amended by striking out the word "30" in the 10th line of the 10th paragraph thereof and substituting "60" therefor, so that the paragraph will read as follows:

"That, if within the first eight sitting days of the 1985 session of the Legislative Assembly, an objection in writing signed by not less than 10 members of the assembly, in the form of a motion for consideration by the assembly, is filed with the Clerk of the House, specifying the provisions of the report objected to and the reasons for the objection, the assembly shall, within the next 15 sitting days, or such additional number of days as the assembly may order, take up the motion and consider the matter of the objection; and thereafter, the report shall be referred back to the commission by the Speaker, together with a copy of the objection and of the debates of the assembly with respect thereto for consideration by the commission, having regard to the objection; within 60 days after the day the report of the commission is referred back to it, the commission shall consider the matter of the objection and shall dispose of such objection and forthwith

upon the disposition thereof a certified copy of the report of the commission, with or without amendment, shall be returned by the commission to the Speaker.

Motion agreed to.

11:10 a.m.

HEALTH CARE ACCESSIBILITY ACT (continued)

Resuming the adjourned debate on the motion for second reading of Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

Mrs. Marland: At the adjournment last night I was about to quote from the newspaper an article about an incident in North Bay. That was in answer to the question I had asked rhetorically, had a patient ever died from extra billing? However, from this quotation in the newspaper, a patient has tragically died very recently in this province as a result of a lack of funding in the necessary areas of health care.

The case I am referring to is the case of Denise Meyer of North Bay. Tragically, she died after the introduction of an injection for the purpose of having an X-ray procedure done. This dye was injected into her hand on October 29, 1985. The purpose of the dye is so that for diagnostic purposes a radiological interpretation can be made. The drug that was injected was named Hypaque M-60 and was made by Sterling Drug Ltd. of Aurora. It is known that this drug has a higher incidence of reaction in patients, but it is less expensive than the one made by another drug company.

Two doctors testified at this inquest, including—I emphasize this—the vice-president of Sterling Drug Ltd. which manufactures this drug, Hypaque M-60. They said they would not want to be injected with Hypaque if the more expensive drug were available. I met yesterday with the president of a leading pharmaceutical manufacturing company in Canada who was familiar with Hypaque as long ago as 30 years, and even at that time there was this risk.

I can understand measuring the risk of an injection of any material whether it is for diagnostic purposes or for clinical purposes with respect to a cure or remedial relief for a patient. I can understand the risk of whether one does it or whether the alternative is that one avoids the risk by not doing it, and in this case not have the advantage of a diagnosis done through the radiological procedure.

What I find distressing is that in this case, there is another product available. The other drug is iodine-free, which makes it significantly safer. However, the other drug, Omnipaque, is about 15 times as expensive. With the tremendous restrictions on hospital budgets today, it is not possible for every hospital within a budget restraint to afford the more expensive drug. Even within my own municipality of Mississauga, one hospital uses Hypaque M-60 and the other uses Omnipaque.

If we are talking about access to health care in this province, which is the name of the bill before us today, we should be talking about what health care is all about. Surely there is an obligation on all of us to ensure that under the title of health care we can guarantee as far as possible the safety of our patients in this province. If a product is safer and 15 times more expensive, let us be sure we use the safer product. What is really expensive with respect to life? I suggest not one of us in this Legislature would not be willing to buy his life at a price, be it 15 times more expensive or 100 times more expensive.

We heard the other day from a New Democratic Party member, the member for Scarborough-Ellesmere (Mr. Warner). We heard the sad story about his grandfather. He told us that in the front of the family Bible at home, he keeps a crumpled piece of paper, which is the bill of sale for his grandfather's property that was sold in the late 1930s to pay the health care bills for his grandmother.

I am sympathetic to that forced sale. I also recognize that in the late 1930s there were a great number of forced sales for other reasons, as that was the Depression period. However, I am very sympathetic that the forced sale to which the member referred was because of the horrendous health care bills his grandfather had to pay for his grandmother.

I think it should be well noted that this happened during the period of the Liberal government's reign in Ontario. It was not until the Progressive Conservative government came in that health care insurance programs became available.

I have mentioned the NDP's turn towards the Liberal government. I wonder what it is thinking today about its members in the United Steelworkers union in Timmins who have publicly stated they are sympathetic to their Timmins doctors. Also, a national representative of the Canadian Union of Public Employees has spoken out in support of Timmins.

It may well be that these union members are better informed than the NDP legislators in this parliament and that these bright union people can see the far-reaching effects of legislation that mandates that every physician in Ontario must be paid the same.

One item about Bill 94, the Health Care Accessibility Act, which prohibits extra billing by physicians, dentists and optometrists, really interests me. While the Liberal-NDP accord believes in socialistic state control with all these professionals being paid the same regardless of the individual professional's responsibility, skill, training, expertise and experience, these same elected members of the New Democratic Party and the Liberal government believe politicians should be paid remuneration that varies with responsibility.

11:20 a.m.

For example, the salary of the Premier (Mr. Peterson) is different from a back-bencher's salary, as is that of a cabinet minister, a parliamentary assistant and even a lowly committee chairman. All these people are paid different salaries. I find that to be the greatest demonstration of a double standard. Perhaps the Liberal government and the NDP members can explain to me the differences among individual politicians. We are all elected equally; we have no training for the job. Every election is an equalizer; everyone in this Legislature has to be elected in the riding first. When we come to this Legislature, we all readily recognize there is a difference in the responsibilities of the Premier, the cabinet members and the Speaker (Mr. Edighoffer).

We agree these people with these different responsibilities in this Legislature should be paid more. Incidentally, I would like to reinforce it; I agree with this.

However, where is the difference between members of the Legislature, who are paid by the provincial tax base, and physicians, who are paid by the Ontario health insurance plan? How can these MPPs sit here and say every doctor is equal in responsibility, skill, training and expertise when they acknowledge they themselves are not? They are saying the physicians are a different case. They are saying physicians are the same as each other, whereas members of the Legislature are different from each other.

It is worse than that. The doctors in this province are not asking the public to pay their graduated fee schedule as, I might emphasize, the public pays the graduated salary schedule for members of the Legislature. The doctors are

simply saying, "Give us the choice to establish our own worth, as do TV repairmen, plumbers, electricians, lawyers, accountants, builders, bricklayers and architects." I could go on with a longer list.

They are saying, "Give the doctors the choice to establish their own worth and then give the patients the final choice as to whether they are worth that fee." The doctors are being paid out of the Ontario health insurance plan. I emphasize again that 88 per cent of our Ontario physicians are working within that plan. It is interesting that this whole debate revolves not around the majority of the 12 per cent who are opted out but, indeed, the 20 per cent of that 12 per cent who extra bill.

We have heard all along about the doctors' choice to opt out and opt in. I defend that wholly, but I also defend the public's right to free choice.

Mr. Callahan: How is the member voting?

Mrs. Marland: Since I have been asked, I will say I am voting against Bill 94 in this Legislature.

While I defend the doctors' right, I also defend the public's right to free choice. That is the very essence of freedom on which this country was built. It is the freedom I mentioned at the beginning of my speech.

While I mention how this country has been built, I would like to refer to the real and rich mosaic we have here because of all the immigrants to Canada. How great it is to read this report from the Sunday Star, December 22, 1985. It is headlined, "Our Multiculturalism Is Not Perfect but It Works." This report has explored Metro's minority communities for their impressions of the areas with which they are satisfied. It covers areas such as education, the police force, rental accommodation, Toronto Transit Commission service, social services, recreation facilities and child care facilities. I will not list the rest at this time, but it also covers the access they have to quality health care or medical care.

It is singularly significant that the multicultural minorities of Metropolitan Toronto, which I understand has now more than two million people, are 90 per cent satisfied with their access to quality health care. This is not a survey done by the Progressive Conservative Party nor a poll by someone we hired, but an independent minority report by what I hope might in some areas still be an independent newspaper. It seems to me the multicultural minorities of this province may understand this whole issue better

than do the Liberal government of today and its New Democratic Party supporters.

What is wrong with our present system? I hear it said that Ontario should have this legislation because it is the last province in Canada with freedom of choice for both patients and doctors. That is not actually true but it is what one hears. Everyone else has legislation, so why not Ontario? I will not go into the details of the legislation in all the other provinces, but I would like us to look at some of it.

We are always told about how well the system works in Quebec. If I lived in Quebec, I would have very grave concerns when 300 to 400 doctors a year are leaving the province. Where will the manpower be to look after the needs of the sick people in Ontario in the future?

Let us look at British Columbia. It has an absolutely marvellous system of billing numbers. A doctor cannot practice in British Columbia without being allocated a billing number through which there is geographic control as to where he might practise. Even worse, in BC there is a system of capping certain types of services. When a doctor has done a certain volume of one type of service—for example, if he specializes in doing annual physicals or chooses to devote a lot of his practice to that—he receives only 75 per cent of the fee for service beyond that amount of volume.

What does the physician then say to the patient? "Do you prefer to come in at the beginning of the year for a full and thorough medical while I am still being paid a full fee, or would you rather leave it until the end of the year and have a 75 per cent examination for 75 per cent of the fee?"

11:30 a.m.

I could give further examples, but suffice it to say there must be a reason patients come to Ontario from not only Canada but other parts of the North American continent and other countries around the world. The reason patients travel all across Canada to Ontario cannot be that sick people like to travel. It cannot be that service clubs all across this country like to have special fund-raising programs to pay the travel expenses of patients.

Every week we read of a child being flown to Toronto for medical treatment from some remote part of one of our other provinces. The reason for that, I humbly and respectfully suggest, is the kind of medical care that the physicians of this province offer and provide conscientiously and professionally.

In speaking about freedom and particularly about the freedom of patients, since I think the freedom of doctors has been well described, I want to tell members about a family of patients living in Mississauga. This family's name is Macleod. I have here a letter written to the Minister of Health by Mrs. Macleod. As tragic as her family's experience has been, she has given me permission to use this letter.

Mrs. Macleod is the mother of two children who have severe facial deformities. She is also vice-president of a group calling itself About Face, which I understand is the Craniofacial Society. She says in her letter to the Minister of Health:

"I believe it is important that you realize the effects in human terms" of "your proposal to ban extra billing...."

"If the proposed legislation banning extra billing is enacted, my children will lose the services of Ontario's—indeed, Canada's—only craniofacial surgeon, Dr. Ian Munro. With his superb surgical care, my children and others like them can be helped to lead normal, productive lives. Without it, they face certain terrible social ostracism and are at risk of becoming a drain on our already overburdened social services. While children such as mine undoubtedly represent many health care dollars, it is hardly cost-effective to deny them surgery; institutional and long-term dependence on society are far more expensive alternatives.

"Dr. Munro has stated publicly his intention to leave medicine and/or the province if the extra billing legislation is passed. As disastrous as his departure would be for my family, I wholly support his stand."

Bear in mind, this is from a mother with two children who are beyond description in this House.

"Dr. Munro is a consummate professional, a physician unwilling to compromise his standards of excellence, yet working within the constraints of a system that demand he do just that. Those same standards have brought my children"—and here I want to emphasize this is a letter written by this mother, because the next words are difficult to read—"from facially repulsive to near normal."

She goes on to suggest to the Minister of Health: "The problem lies far deeper than a small percentage of physicians who choose to value their services adequately. Because my children are frequent consumers of health care services, I have witnessed first-hand many of the effects that chronic underfunding has caused in our health care system.

"Although Dr. Munro is technically capable of performing certain procedures, he is prevented from doing so due to the lack of necessary equipment, notably a 3-D scanner for pre-operative diagnostic imaging. If private fund-raising were undertaken to purchase and maintain equipment such as this, the facility where it was installed would risk losing funds from the Ministry of Health the following year. It becomes a no-win situation, with the patient standing to lose the most.

"Even if Dr. Munro chooses to stay in Canada, I may be forced to seek further care for my children at a better-equipped American craniofacial centre if I want to give them the best possible faces."

This case is about survival. When we are discussing a Health Care Accessibility Act, we had better be sure we fully understand what the accessibility issue is.

Perhaps I should talk about the shortage of intensive-care-unit beds at the Hospital for Sick Children where, just before Christmas, the very same day this bill was announced in the House by the Minister of Health, surgery for three young children was cancelled because there were no intensive care unit beds available. Bear in mind that our Hospital for Sick Children in Toronto is world-renowned as a medical institution for children. Tragically, one of those children was in heart failure and the surgeon had no way of knowing whether that baby would live until there was an intensive-care-unit bed available.

11:40 a.m.

It is time we, as responsible legislators in this province, told the public what accessibility is all about. As I said last night, I do not blame the public for being in favour of a bill to ban extra billing because people know only what they read in the media. The public does not know there is only one doctor in Canada to do that surgery unless one is a person such as Mrs. Macleod, who has not one but two children with incredible facial deformities. People do not know what that family is going through.

I did not know that surgery was being cancelled regularly. I am not talking about elective surgery; I am talking about survival surgery. Surgery is being cancelled daily, not only at the Sick Children's hospital but at all hospitals, because of a lack of beds. Is it not more tragic when it is children who have yet to lead their lives?

In speaking about the freedom of patients to choose, we hear all the time about the problems of the poor and how they do not have access to the

same medical service as the people who can afford to pay the extra bills.

In the past three months, I have spent a great deal of time with the physicians who are in the opted-out mode of health care in this province and with my own physicians in Mississauga. I have met with the chief of staff of the Mississauga Hospital and with the anaesthetists, the ophthalmologists, the cardiovascular specialists and so forth. I now know at first hand that although they have opted out, they have never refused a patient access to their treatment. If a patient is not able to pay their fees, they have not pursued their collection. In fact, what is really important is that the fee is not even rendered.

We talk about patients saying they cannot afford it. Those professionals in this province do not subject or demean their patients to a means test to prove they cannot afford it. They accept the patients' word that they cannot afford it and the bill is not rendered.

At the other end of the scale, and this is somewhat interesting, in Mississauga we have a specialist in gynaecology and obstetrics, Dr. James Brayley, who in 1983 lost a total of \$10,000 from patients. That aspect had never occurred to me. Perhaps it had to the members, but it had not occurred to me. Here is a man who, through his obstetrical practice, is delivering babies, but cheques from OHIP that went to his patients—in 1983 to the total of \$10,000—never came to Dr. Brayley. He did not receive \$10,000 worth of fees for delivering babies.

I suppose that is one area where a patient might be able to be more callous about getting away from paying. I am not suggesting that happens a great deal. I hope the public in this province does not do that a great deal. However, is it not amazing that one physician could lose \$10,000 when he was opted out because he trusted his patients to receive payment from OHIP and then pay his bill?

What they did instead was to receive the payment from OHIP and keep it. Perhaps that was their last baby. Perhaps they had moved away. For any number of reasons, they were not planning to use Dr. Brayley's services for another birth in their family. Not only did they get the baby, but they also got an additional baby bonus. For those reasons, Dr. Brayley opted in.

Mr. Mackenzie: On a point of order, Mr. Speaker: I do not see a quorum in the House.

The Acting Speaker (Mr. Morin) ordered the bells rung.

11:49 a.m.

Mr. Speaker: There is a quorum present.

Mrs. Marland: Before the call for a quorum, I was talking about the risk there has been in the province for physicians who have chosen to opt out. I was giving the example of Dr. Brayley, an obstetrician in Mississauga, who in 1983 lost \$10,000 in fees that were not paid back to him by patients who received cheques from OHIP. Although Dr. Brayley is an opted-in physician, he is very much opposed to Bill 94.

In all the speeches I have heard from the Liberal government members and the New Democratic Party members in this Legislature, there is this tremendous concern for the public and the fact that the public does not have access to opted-out physicians. The members continually say the public is concerned and yet they are very hard put to find examples to prove their point.

However, of all the letters and telephone calls I have received from the public, numbering in excess of 47 at this time, I have had one letter in favour of this bill. Prior to the legislation being introduced, in my eight months as a member I had one letter complaining about doctors opting out.

I have a letter here not from a constituent of mine in Mississauga, but from a resident of Aurora who wrote to the Minister of Health (Mr. Elston). She says she is totally opposed to the elimination of extra billing by Ontario physicians and she gives the reasons underlying her position. I take great interest in this letter because it is not written by a physician; it is written by a member of the public whom all the good members of this House are elected to represent. She says in her letter:

"In my opinion, the role of government and, hence, the aim of OHIP should be to subsidize health care costs to provide some assistance, especially to those unable to meet the costs of their health care. Forcing all physicians to opt into OHIP has the effect of creating a wholly state-financed and controlled health care system.

"The proposal to eliminate extra billing thus restricts my freedom of choice. As a consumer of health care services, I should have the freedom to choose for myself whether to opt completely into OHIP or whether to buy extra services. I resent not only my loss of freedom in this matter, but also the apparent paternalistic bias of politicians and government bureaucrats, who assume I am unable to judge the extra billing and decide for myself whether it is worth it.

"The rights and freedoms of physicians are being infringed upon, their right to compete in

the market system and their freedom to choose to do so if they wish. The elimination of extra billing, in effect, removes the medical profession from the private market. Why should this profession be treated any differently from other public-service-orientated professions, such as the legal profession or engineering?

"The elimination of the physician's right to extra bill will inevitably result in a further decline in the quality of our health care system. Physicians who now extra bill would be foolish not to take their services elsewhere and those who stay will surely have lost an important incentive to work beyond the rule.

"Finally, the proposal to remove extra billing is no more than simple scapegoating. It is a blatant attempt to shift the responsibility for inefficiencies evident in our health care system from the administrators of the system to the physicians. If it is reform that you are seeking, why not begin with the more real problems created by your ministry's policies and programs governing financing and support of hospital administration and medical research?"

That is a letter from an ordinary resident of this province saying, "Please let me choose." I am standing here today in the Legislature on behalf of this woman and all the thousands, indeed millions, of other people in this province who are saying the same thing.

As a woman, I may choose to save my money and spend it on having my hair done, and women in all income categories in this province pay to have their hair done. I may spend whatever. If it is a whole treatment for my hair, it may be \$25, \$30, \$40 or \$50, but it is my choice to do that for my appearance.

Does it not follow that it should equally be my choice to save my money and spend it to go to an opted-out physician who, because he or she is opted out, is able to spend more time with me and give me an hour-long medical examination, rather than to go to an opted-in physician who, because of the regimentation of the system, is paid \$35 for a general physical examination, understanding, of course, that the fee for service is commensurate with the time that is required?

I am not criticizing the amount of time the opted-in physician gives. I am defending the amount of time the opted-out physician may wish to give me as a patient and, in turn, the amount of money I may choose to spend.

I know a physician who specializes in women's medical services. This physician has a particularly lengthy presentation to explain to a woman how to diagnose lumps in her breasts.

This whole process takes a lot of time in that physician's office, and I recognize that under the health insurance plan the opted-in physician simply cannot sit down with me as a female patient and spend an hour explaining this to me.

The unfortunate thing about the health care system is that it ends up being a service to help people who are sick, because there is absolutely no time left to spend on preventive medicine. However, if I choose to spend my money to have the kind of medical service an opted-out physician may offer rather than to spend it to get my hair done, that has to be my choice.

The poorer people, whom we are always concerned about and who are said not to have access to these opted-out physicians, do have access to them. We have record upon record of patients who go to opted-out physicians. I am talking about the general practitioner; I am not talking about the specialist.

12 noon

We have records of anaesthetists who have opted out and who do not render the bills. We have records of all kinds of interns, specialists in surgery, internal medicine and so forth, who have opted out and the patient does not receive the bill. I am talking about the initial appointment with the general practitioner who has opted out.

If that patient is not able to pay, is a poor person and a senior citizen, about whom we are all justifiably concerned—I am proud to say we should be and we are concerned about those people in this province. In fact, the record of this Progressive Conservative government has been well proved because we brought in the Ontario drug benefit plan for those people. We have given them the security of a health insurance plan in the first place.

We are concerned about those people, and I am happy to know, from the research I have done in the last three months, that the medical profession in this province is equally concerned about those people. Doctors are concerned to the degree that the Ontario Medical Association has, as recently as yesterday I understand, said that if there is a concern about senior citizens' billing, the association will police it to ensure that there is no extra billing at all for the senior citizens of this province.

That in itself is rather interesting. I wish the Premier had granted me the honour of being in the House today to listen to my speech. If he were here, I would be able to ask him, as a lawyer, what he did about senior citizens who came into his office for legal services.

I wonder, had he been practising law, whether he would have billed senior citizens the legal aid fee or whether he would have given them any consideration whatsoever. I do not see written anywhere that senior citizens are given special compensation by any profession other than the medical profession. I am proud of our medical profession because it considers patients regardless of their ability to pay. Because of their professional oath, doctors will see all patients. If a patient is unable to pay, they do not extra bill him. Their primary concern is for the patient.

While I am talking about the kinds of physicians we have in this province, I want to tell members about one physician I know in general practice. She has been opted out for about 12 years. Although I know she has not precisely catalogued the time spent, because that is not her intent, I estimate this physician must have spent thousands of hours not only travelling around this province speaking to other physicians but also writing letters and receiving telephone calls. She not only spoke to other physicians but also spoke to the public, to service clubs and organizations. She has tried to get the message across about what opting out really is, whether extra billing is a figment of the imagination or whether it does exist, and when extra billing takes place, who is extra billed.

This physician has done all this for 12 years at great expense to herself professionally. She could have been spending all those hours in her office earning her opted-out fee or she might have been doing another thing that physicians happen to want to do, and that is spend time with her family.

I know of no profession or occupation in this province that takes people away from home and family more than the practice of medicine. When Dr. Joan Charboneau, the person to whom I am referring, chose to take on her crusade about the right of her patients to choose her as an opted-out physician, she did not go on that crusade in the interest of money. If it had been in the interest of money, she would not have been spending the time travelling around this province; she would have been spending the time in her office.

If her concern about her patients, which was her primary concern, had not overruled what opted-out physicians have been accused of, which is wanting to earn money, Dr. Charboneau would have been in her office. She could have been an opted-in physician and she could have chosen, completely legally, to operate a turnstile office. She could have turned the patients in and out like a factory on the fee-for-service system

we have today with OHIP. Because this young woman is as dedicated to health care in this province as she is, she has chosen to devote the amount of time she has.

I think the people of Ontario are dedicated to the kind of woman physician that Dr. Joan Charboneau is. I have seen the hundreds of letters she receives. I know some physicians in the past thought that Dr. Joan Charboneau was a bit of a rebel and a renegade, but they have come to realize through knowing and watching her through all these years that she has been doing exactly what we in this Legislature should be doing. In her responsibility as a professional, she has looked at the long-range impact and future for health care in this province.

When on television and in the media we see and read about the other group of professional physicians in this province, we seem to feel they have a great deal of credibility. I have to admit I did not know anything about the Medical Reform Group of Ontario, so I decided I had an obligation to find out something about it before I commented.

12:10 p.m.

I found out that the spokesperson we hear from all the time on the radio, in the newspapers and on television—I recognize the reason we hear from him is because the media always, and I respect this, have to go out and find the opposing opinion on any matter. That is the media's obligation and responsibility and I respect it. However, I sometimes think that when they find that other opinion, no matter how deep under the bushes they have to go or how far into—I will not say what I was going to say; I will refrain from saying how far the media sometimes go to find an opposing opinion.

In this case they went to the Medical Reform Group of Ontario spokesperson, Dr. Michael Rachlis, who was interviewed along with Dr. Lionel Reese of London on CBC radio the other night at 7:50. In discussing Bill 94, Dr. Rachlis said his group admits it is a curtailment of the doctors' rights. I became so interested I decided to phone Dr. Rachlis and he said he "agrees with the Ontario Medical Association that extra billing is not the most important issue in health care in Ontario."

I asked him to tell me where access was a problem. Obviously, his group must have some experience or information I do not. In all good conscience, trying to represent the best interests of the people who elected me, I want to know both sides. I want to know whether there is evidence of lack of accessibility to health care,

because there is nothing more important than our health. If there is lack of accessibility to health care in Ontario, that is true for my constituents.

When I asked Dr. Rachlis to give me an example or multiple examples, he said he knew of one case in which a doctor refused to see a patient. I suggested if he knew of one there were probably several, but would it not be like any other profession? How could we possibly decide to control every individual? Are there not good and bad Premiers, cabinet ministers, committee chairmen, members—God knows, elected members—to represent the interests of health care in Ontario. I have learned that Dr. Rachlis himself has been in general practice but never on a fee basis. He does not have experience in charging fees.

The Medical Reform Group of Ontario is given as the authority on the other side, with the credibility to represent the interests of health care in Ontario. I have learned that Dr. Rachlis himself has been in general practice but never on a fee basis. He does not have experience in charging fees.

He told me he had worked from 1976 to 1984 at the South Riverdale Community Health Centre on Pape Avenue, where he was on salary. He is now a graduate student at McMaster in community health medicine. In the medical reform group, Dr. Rachlis tells me there are 110 graduated physicians and most of those are in private family practice. The other members of the group are 35 medical students. Anyone else who wants to join can do so. If one prints a newspaper or wants to get on its mailing list, one may join the Medical Reform Group of Ontario. One does not have to be a physician to be a member.

It actually has 110 physicians, and is it not great that it has 35 students? I hope that when those 35 students graduate from medical school, they will like the practice of medicine that will exist in this province if Bill 94 is passed.

Interestingly, it should be pointed out that those 35 medical students who are in school today had to be in medical school before Bill 94 was introduced, so they had no idea what a horrendous situation might be ahead of them in the health care system.

I asked Dr. Rachlis another question, because I felt that in the interests of fairness I had an obligation to ask it. I had told him exactly who I was and that I was a member of the Progressive Conservative Party. I asked him whether he was a member of the New Democratic Party. His answer was that he did not think he had his card currently, but yes, he had been a member. What I

had heard about his political affiliation was confirmed.

I recognize, as I said at the outset, that nothing is so perfect that it cannot be improved. We should always look at improving legislation. We should always improve policies where they can be of benefit to those people who are affected by them.

If there has been a problem of access to physicians, then we should have proof of it. We should have proof of what the Health Care Accessibility Act is trying to address. I wish so much that this Health Care Accessibility Act did address the problem of accessibility in this province.

Those of us who have experienced illness or lost a family member because of illness know it does not matter how many domed stadiums, how many luxuries or how good a life we have in this province today if we cannot live in good health. When we talk about accessibility we should look at the fact that cancer patients wait months for an appointment for a computerized axial tomography scan. We should acknowledge something that another constituent of mine, Carol Slater, has said in her letter to the Minister of Health:

"It is with increasing concern that I realize that yet another one of my rights as a citizen and that of my personally selected doctors is being usurped by government.

"I have studied at great length the issues against extra billing as put forth by government-type thinking and refuse to accept any of them. Those of us who choose to engage the services of any professional have our own specific reasons for doing so, and I highly resent your interference in both my ability to decide and in my doctors' choice to maintain a certain degree of professionalism and responsibility.

12:20 p.m.

"Mr. Elston, I truly value my freedom of choice, my ability to intelligently decide how to spend the income I earn and the personal satisfaction I achieve from being responsible for my own decisions. I personally find your approach to extra billing very insulting and wish to remind you that no matter how sanctified your goals are, the end never justifies the means. Your means are, without doubt, unjustified."

This resident of Mississauga is saying that if she chooses to go to an opted-out physician, it is the same as her choice, as I said earlier, to buy a car, go on a holiday or get her hair done. Whose money is it? It is her money. As she said in this letter, she has worked for her income. The people in this province who seek the services of the

opted-out physician do so because it is their choice.

Other people in this province who require the services of an opted-out physician, but are unable to pay, still have the choice of access because that opted-out physician has not, to any evidence we have ever had, billed the patient who could not afford it. While we acknowledge that nothing is perfect, why do we not work to improve it? Why do we not realize the real issue is accessibility?

Why do we not recognize that the debate in this House is not dealing with the real issue. How can it be? With a health care bill in this province which is in the billions of dollars, in which the physicians' portion of the total bill is only five per cent, how can it be that rather than dealing with the real needs for beds, equipment and facilities, this Liberal government is spending the time and the energy of all of us to bring in this legislation? It is not only insulting to a most regal and proud profession, but also insulting to the people who seek the services of that profession and to those of us who, fortunately, may not need those services, but who pay an insurance premium into a health scheme that gives access to every member in the province.

Opted-out patients are not saying to the Liberal government, "We want to go to the opted-out physician and we want you to pay that fee so we can attend one." The patients' choice is to go; it is also their choice to pay and they are happy to do that. I respectfully suggest and I hope the responsible members of this Legislature who are concerned about health care accessibility will not, by passing Bill 94, take away the civil rights of the patients in this province nor of the professionals whose medical advice they seek. I hope, instead, this bill will be withdrawn.

How interesting that the Premier (Mr. Peterson) and the Minister of Health are already saying perhaps they may phase in the implementation of Bill 94 and they may reduce the \$10,000 fine as a penalty. Is that not marvellous? They are saying perhaps they will reduce the penalty, the fine. Perhaps the Liberal government could consider reducing the insult to physicians and patients, and the gravest insult of all, the risk to the future of health care in Ontario, and retain the right to the best health care possible for every resident of this province under an existing scheme that has been working very fairly and justly.

Mr. Speaker, I thank you for the opportunity to address this Legislature. I shall look forward to Bill 94 being defeated at the time of the vote.

Mr. Laughren: It is with a certain sense of joy that I rise to take part in this debate. This kind of debate is the reason I got into politics in the first place. My constituents sent me down here to vote on this kind of legislation and to vote the way I intend to vote when it comes to a vote.

Mr. Ashe: Only 24 per cent of the population agree with the member.

Mr. Laughren: As a matter of fact, 78 per cent of the population believe there should be no extra billing in Ontario.

Mr. Ashe: Only 24 per cent voted for the socialists.

Mr. Laughren: If the member wants to reduce that to 24 per cent and jiggle the numbers, I cannot stop him, but 78 per cent are in favour of this legislation, not 24 per cent.

I will start out by putting on the record exactly what it is we are debating. I will read from the explanatory notes to Bill 94, the Health Care Accessibility Act:

"The bill provides that physicians, dentists and optometrists who do not bill OHIP directly may not charge more than the OHIP rate for rendering an insured service to an insured person. A person who contravenes this is guilty of an offence and liable on conviction to a fine of not more than \$10,000. A judge who finds a person guilty may also order the person to pay back to the insured person any money received in excess of the OHIP rate. As an alternative, the insured person may sue the person for that excess.

"The bill also provides that the Minister of Health may enter into an agreement with associations representing physicians, dentists and optometrists to provide methods of negotiating and determining the amounts payable under OHIP."

It is important that we start out by being clear as to exactly what we are debating and not some of the issues previous members have tried to imply we are debating.

A small dose of history might be appropriate. I was going through some of my own files to determine when this party decided there should be a renewed resolution at our own convention. Back in 1970 we passed a resolution that said, "The New Democratic Party will establish machinery for the determination of fee schedules for physicians and other professional personnel leading to the elimination of unilateral price determination by professional associations and of extra billing of patients."

Miss Stephenson: Including lawyers?

Mr. Laughren: No, we are talking about the health care system here. We are not talking about legal aid, but the former Minister of Health, the member for York Mills (Miss Stephenson), does raise an interesting point when she refers to lawyers.

12:30 p.m.

Miss Stephenson: Mr. Speaker, on a point of personal privilege: I was never the Minister of Health. I was merely the acting Minister of Health.

The Deputy Speaker: That is not a point of privilege.

Mr. Laughren: And a great actress she was.

Miss Stephenson: Better than the member for Nickel Belt.

Mr. Laughren: I concede that.

A couple of members have talked about other professions. I have difficulty seeing the soundness of the argument that one can compare health care with any other profession. We do not stand up and compare health care with the legal profession—at least not often.

Miss Stephenson: The member has clearly compared it with additional services.

Mr. Laughren: No. There is clearly a difference between the physical health of a person and any other service delivered to people.

Mr. McClellan: One would think the former president of the Ontario Medical Association would know that.

Mr. Laughren: One would think that the Ontario Medical Association's former president—I hope I am right—would more stoutly defend the medical profession. It is not appropriate for her to belittle the profession of which she was such a proud member for so many years.

We are proud of our history in the battle for medicare, not only in Ontario but also all across Canada. I do not expect the members of this chamber to heap plaudits upon us for our role in bringing medicare to Canada, and indeed to North America, but history will show and historians will write about the role of this party, regardless of the percentage of the popular vote the polls indicate we hold at any given time.

Some things are more important than polls, and I think the delivery of a decent health care system to people is one of them.

Miss Stephenson: Absolutely. That is why are taking the position we are.

Mr. Laughren: Perhaps the member should tell the members behind her that this is the case.

We have raised in this chamber examples of hardship when it comes to dealing with opting out and extra billing. We have shown clearly that it does deter low- and middle-income people from decent health care. That is the prime reason we feel so strongly about it. Despite the cases of hardship we have brought before this chamber over the years, when the Progressive Conservative Party was in government, as now when it is not, it was never in favour of a ban on extra billing. I must admit there is consistency there, and I commend it for that, although it is a dumb consistency.

On the other hand, I cannot commend the Ontario Liberal Party for its consistency. As late as 1983, the present Premier was calling extra billing a safety valve in the health care system. All I can say is, "Thank God for the accord," because now we are in this chamber debating the very end of extra billing.

However, I issue a word of caution to the Ontario Tories. I am worried that with their federal party in decline they are going to precipitate yet a further decline if they continue to discredit their federal colleagues on medicare. As the members know, it was the federal Liberals who introduced the legislation that imposed a dollar-for-dollar withdrawal of transfer funds to the provinces for every dollar of extra billing in the province. The federal PCs do not oppose that. They have never opposed it as far as I know. However, here we have the Ontario Tories making a mockery of their federal colleagues. That hardly seems appropriate when they are having such difficulty at the federal level.

Mr. McClellan: It is not fair to them.

Mr. Laughren: There is a lack of fairness in the treatment of their federal colleagues.

The provincial Liberals and New Democrats, along with 78 per cent of the population, support this ban on extra billing. The federal Liberals, Tories and New Democrats also support a ban on extra billing. Those are not political parties that have any truck or trade with the Iron Curtain; yet we have the medical profession talking about this legislation being worse than anything behind the Iron Curtain. Some of the Ontario Tory members have been parroting that phrase, and I find that passing strange. I also think they owe an apology to their federal colleagues for using that kind of language.

Actually, the Ontario Progressive Conservatives are standing alone with the doctors. I would not for a minute suggest that the Ontario Tories should reconsider the company they are keeping,

but I would give that advice to the doctors of the province.

I understand the doctors' position, because the withdrawal of extra billing as a right does indeed flirt with wage control, and we know how angry the doctors were when wage controls were imposed on working people across this land a number of years ago and in this province. I understand why the doctors are upset about that.

A couple of years ago the critic in the New Democratic Party federal caucus, Bill Blaikie, had a very nice, spiffy quote about the issue. He said, "Medicare is an ideological compromise between entrepreneurial medicine and truly socialized medicine." I believe he is absolutely correct. We are dealing with an ideological issue here, and that is why the Tories are so strung out on it. It is truly an ideological question that has the Tories just about apoplectic. That is why I take such great joy in standing up and debating this bill, because I cannot think of anything I feel more strongly about than the medicare system in this province.

Let us be sure we understand that we are not talking just about the freedom of doctors or, as the member for Mississauga South (Mrs. Marland) said, about the freedom of patients to pay more. We are talking about the whole question of the funding for hospitals and the fees to the doctors from the federal and provincial governments.

Mr. Leluk: What about quality of health care?

Mr. Laughren: Yes, that is what I am talking about. We are talking about the question of extra billing and the ability of the state to carry the costs of a good medicare system. There is an enormous social dimension to the whole question of extra billing.

Miss Stephenson: No.

Mr. Laughren: Yes, there is an enormous social dimension to it. I want to warn people that if medicare is at risk in this province and in this country, then no social program in Canada will ever be safe. There is no doubt about that.

It is no accident that medicare is under siege these days. It is a question of the distribution of wealth and income in this province and in this country. It is a question of user fees versus universality. The argument that really confounds me is that some of the pro-extra-billing people say it allows for patient participation. Is that not delightful? That means, of course, that one can pay more.

If extra billing were allowed to continue, private insurers would inevitably move in. Perhaps that is the real clue to the knee-jerk

support of the doctors by the Tory party of Ontario. Perhaps that is really where it is all at, because they know this will prevent the encroachment on the system by the insurance industry. I really think that is what is behind it all.

12:40 p.m.

While part of me is very pleased about the debate we are having and by what I think will be its outcome, I share a certain amount of sadness with my colleague the member for Hamilton West (Mr. Allen), who made a remarkably good speech in this chamber last night. I commend it to members who were serving on committees last night and were not able to be here, because it really was an excellent presentation.

If I can go back to what the member for Hamilton West said, it was a question of the standing of doctors in the community. There is no question that doctors have had a very high standing in the community since they started practising medicine and there is a lot of sympathy among the public that doctors should be very well compensated. I have never had a constituent or anyone else tell me that doctors should not be well compensated for the work they do, the hours they work, the skills they bring to their job and the importance of those skills to the patients they serve.

There is no question that doctors must be well compensated. There is also no question that doctors are well compensated. If the Tory members are saying doctors are not well enough compensated, then why are they not battling for a new schedule of fees that will adequately compensate the medical profession? Why are the doctors themselves not fighting the battle along those lines? Because it is an ideological battle, not simply an economic one. That is why, and it is why the Tories are fighting the battle along those lines.

Mr. Davis: Why are the unions asking for privatized medical care in Britain?

Mr. Laughren: I am going to come to Britain in a moment.

Mr. Davis: I would like the member to do so.

The Deputy Speaker: Order.

Mr. Laughren: Let me tell members what a former Minister of National Health and Welfare said, and I quote:

"When we compare our system with that of Great Britain, we can see where the breakdown of medicare could well lead us. The United Kingdom has a national health insurance system which coexists with private insurance schemes. Under Prime Minister Thatcher's government, a

parallel health system is rapidly developing which favours those with private insurance. Britons who are insured privately may wait only a few days or a week for a routine operation to correct a hernia or varicose veins, for example. Those who have the public national health insurance, however, wait six months or even a year for the same operation.

"In the United States we find doctors charging their patients what the market will bear, just as Canadian doctors did more than 15 years ago. Americans need to buy private commercial insurance to cover themselves against the crushing costs of illness, if they can afford it."

That was the Honourable Monique Bégin talking about medicare a couple of years ago. The point that needs to be made is that once the private system gets in there—and it will get in there if we continue the practice of extra billing; there is no question about that—there will be a deterioration in our medicare system in this province. There is no doubt whatsoever about that in my mind. That is one of the things that has happened in Great Britain.

I know of a doctor from London, Ontario, who decided he was going to pack it in; he did not like medicare in Ontario. He decided to move to Texas and practise medicine where he assumed he could triple or quadruple his income. He moved and he did triple or quadruple his income. However, within two years he had been mugged, his malpractice insurance was sky high, he had armed protection, he had to put an incredibly expensive security system around his home and he was back in Ontario crying about the decision he had made.

We cannot have those kinds of differences in incomes without having ruptures in the system. If we think we can have a medicare system that makes some people pay who cannot afford to pay, then we are going to have ruptures in our system as well.

For those reasons, I am always appalled at the argument by the doctors and the Tories that there is a lot of freedom at stake here for the doctors. There is an element of freedom at stake, but we all trade off certain freedoms in our society in order to make it better for everybody else. There is not one of us who does not do that. I heard some complaints about the metal detectors in the chamber going into the public gallery. Yes, it is an annoyance. Yes, it is a tradeoff for security purposes.

I know that when we ban extra billing we are taking away the privilege of the doctors to extra bill. Of course we are; that is the purpose of the

bill. However, it is a tradeoff for a lot of people to have complete access to the health care system with the rest of society.

I do not want to continue any longer, other than to say that all of us in this chamber belong to our respective political parties for a diverse number of reasons. For some of us, it is self-serving, for others it is very altruistic and, in some cases, it is ideological.

The importance of the health care system is the basic reason I consider myself to be a democratic socialist. I can think of no higher priority for society than the health of its people. I reject, out of hand, both the tin-cup medicine of the member for Mississauga South and the collection-plate medicine of the member for Scarborough Centre (Mr. Davis). I and my party believe in the freedom of our people to have equal access to our tax-supported health care system.

Mr. Davis: The member has not told me why his unions are asking for privatization of medical care in Britain.

Mr. Laughren: What does the union have to do with it?

Mr. Gregory: Thank you, Mr. Speaker, for allowing me to take part in this debate on Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

I cannot help but comment on the last remarks of the member for Nickel Belt. I do not think the public wants unionized medicine. He talked about collection-plate medicine.

Mr. Mackenzie: What does the member have against unions?

Mr. Gregory: It is not the unions; it is people.

Mr. Mackenzie: The member for Mississauga East, the member for Scarborough Centre and the member for York West (Mr. Leluk) are always making cracks about unions.

The Deputy Speaker: Order.

Mr. Gregory: I am amazed. All I have to do is stand up and the member for Hamilton East goes into an apoplectic state. I am delighted that he is leaving because I would not want to be responsible for him having to subscribe to one of these overbilling doctors. I wish him an early recovery and look forward to his feeling much better when he is back in the House on Monday.

Mr. Mackenzie: I do not need the cruel and unusual punishment the member is inflicting.

The Deputy Speaker: Order.

Mr. Gregory: The member probably missed the best one of the day. However, I will try to

carry on on Monday, so he will be able to hear the best part.

I am very upset about the position taken by the Liberal government of the day and by the minister who is being somewhat rigid, as he was with the previous bill dealing with pharmacists. There was a rigidity there and he did finally back down, just as he was required to back down—without apology, by the way—on his position on certain drugs that this party brought to light and questioned him on. He maintained that rigidity until yesterday, when he finally made a statement that he was withdrawing that generic drug as a substitute.

It is amazing how ministers on that side of the House, in this latest government, can take this rigid position and not feel any responsibility for even admitting that they were wrong in the first place. They were wrong.

The same rigidity is in this bill. Statements have been made by the minister and by the Premier that they are ready to negotiate with the medical profession, although they have never been approached by it.

I find it strange that this should surprise them when they said they would negotiate but that extra billing was not negotiable. How does one go into negotiations and say, "We will negotiate, except for this, this and this"? There is not much left. I do not think it is a totally honest statement to say they are ready to negotiate but the Ontario Medical Association has not bothered to approach them.

I am disturbed about this bill. I do not think doctors should be civil servants. I am surprised and disappointed that the Liberal Party has turned its back on free enterprise.

12:50 p.m.

Mr. Davis: All except for one, standing for integrity and principle.

Mr. Gregory: That is right. They do have one over there. Where is he? I give him full credit. He is standing for some principle which seems to be absent there. It is a shame.

I used to hear stories from the Treasurer (Mr. Nixon), whom I admire very much, about the great free-enterprise system under Mitchell Hepburn way back in history. That was the former Liberal government of 42 or 43 years ago. Although I did not totally respect Mr. Hepburn's party, I had some respect for the free-enterprise system he advocated. He was no socialist.

I find it strange in this day and age, in 1986, that the free-enterprise Treasurer from Brant sits there and watches his new Minister of Health, who comes from roughly the same area of the

province, advocating a turning of the Liberal back on the free-enterprise system. I find that shocking.

As to the experience of doctors as civil servants, the member for Nickel Belt did touch on the British system. When he was questioned on it he defended it and said how wonderful it was.

Mr. Laughren: The member was not listening. I told him it was falling apart. Why is he distorting my remarks? I did not say it was great.

Mr. Gregory: The member did not say it was falling apart—

Mr. Speaker: Order. The member for Mississauga East and the member for Nickel Belt will not carry on a conversation between themselves.

Mr. Laughren: Has he the right to distort my remarks?

Mr. Davis: Why are the labour unions calling for privatized medical care in Britain?

Mr. Speaker: Order. The member for Scarborough Centre is not part of the debate either. Carry on, the member for Mississauga East.

Mr. Gregory: I note a column in this morning's Sun by Greg Parent who writes extensively on medicine. He makes a couple of comments that I find rather interesting. He says: "It's going to take more than heated blasts of indignation to shake the loggerhead thinking of David Peterson and Murray Elston, who are determined to jam state medicine down the public's throat." How do members like that? "They are determined to jam state medicine down the public's throat."

Mr. Laughren: What paper is the member reading?

Mr. Gregory: The Toronto Sun.

Mr. Davis: The Toronto Star.

Mr. Gregory: No, from the Sun, a very legitimate paper. If I want to quote Liberal philosophy, I will get the Star. If I want to quote New Democratic Party literature, I do not know quite where one gets that.

Mr. Laughren: The member admits he is quoting Tory literature.

Mr. Gregory: No, I am not, as a matter of fact. Has the member read Claire Hoy lately? Hardly a bastion of conservatism.

Dr. Garry Willard says: "Peterson wants to go down in history as the man who brought in state medicine." We have heard the rhetoric comparing it and saying the British system is great.

The columnist quotes a story by Dr. Willard:

"Willard tells the story of the British boy who, after months of waiting, was finally admitted to hospital to correct an undescended testicle. He was taken into the operating room and his tonsils were removed. When the mistake was discovered, the hospital approached the mother, apologized profusely and promised to correct the real problem immediately. But instead of an angry parent threatening a lawsuit, they were greeted by a smile and sigh of relief when they broke the news. 'Thank God,' said the mother. 'He's been on the tonsil list for six years.'"

That is the British system, and what we are doing is advocating getting closer to that system.

Hon. Mr. Nixon: British doctors do not take out as many tonsils as ours do.

Mr. Gregory: They have a six-year waiting list. At any rate, it is a good story.

Hon. Mr. Nixon: Yes, it is. I was wondering what the punch line would be.

Mr. Gregory: I bet the member was. I imagine he was spending a lot of time imagining what he thought it might be. Even I would not do that in the House.

When medicare was established 18 years ago, the doctors agreed to it. They went along with it. They asked for and got the right to opt out of the plan. To this point in history, this has been honoured, causing no great hardship to people. Notwithstanding what has been said earlier by members on my left, it had not proved to be a very serious problem. In March 1979, 18 per cent of the doctors had opted out. In December 1984, the figure was 13.1. It was on a decline.

Mr. Laughren: Talk about specialists. Talk about the number of specialists opting out.

Mr. Gregory: My friend on the left said I should talk about specialists. His party wants to treat everyone the same, but now he wants me to differentiate and talk about specialists. They want every doctor to be exactly the same, apparently. I think it is obvious they are not. Less than five per cent of the total claims processed by OHIP cover services performed on an opted-out basis.

We are destroying reputations and blackening the names of medical practitioners because five per cent of the total claims processed by OHIP cover services performed on an opted-out basis.

Mr. Davis: The same thing was done to the lawyers.

Hon. Mr. Nixon: The preachers will be next.

Mr. Davis: We might get more money that way.

Hon. Mr. Nixon: You can extra bill for guaranteed salvation.

Mr. Davis: Can we extra bill for exorcising the devils over there?

The Deputy Speaker: Order. The member for Mississauga East has the floor.

Mr. Gregory: It is always nice to have my religious adviser on my side in these debates. He tends to keep me on the straight and narrow and make sure I do not stray too far from it, which is what I am doing. When I was so kindly interrupted by my spiritual adviser, I had started to say that, because of the matter of five per cent, we are ready to turn the whole medical profession on its ear. We have totally upset them and we have upset great numbers of their patients.

More will be heard about that as we go along, and I think the government is beginning to realize it. The Premier is softening his stance somewhat. I suspect he will soften it more as opposition to what the government is trying to do starts to rear its head, or, better still, when the Liberals start to believe it.

I find this disgusting. Because of a piece of paper with some conditions on it, signed to satisfy two parties that were dying to become the government—and now are dying as the government—they are ready to sign away their belief in the free-enterprise system to satisfy the bunch over there in the little red rump. They have sold out. I guess the Premier is starting to get the message in question period. I found it rather—

Interjection.

The Deputy Speaker: The member for Nickel Belt is not in his seat. He should either continue on his way out of the chamber or return to his seat, but he should not interrupt.

Mr. Gregory: Have a nice weekend. It was so nice to have had his attention for a short time, his very intelligent listening to a speech that contained more meat in the short 15 minutes I have had than his did in three quarters of an hour.

Of the approximately 13 per cent of doctors who are opted out at present, most do not extra bill. They are doing it on a matter of principle. It might seem rather hollow to many in the House that someone has principles, since we as politicians are accused of not having any. It comes as a surprise to some people that doctors have principles and are doing this on the basis of a principle.

Whether or not they are ready to charge this extra amount, they want the right to do so. We are seeing the repercussions when we start to say they cannot have this right. Now everyone wants it. What did we expect? That should not come as a surprise. When we start taking away the rights of people, they want them, even though they do not exercise them.

On motion by Mr. Gregory, the debate was adjourned.

NOTICE OF DISSATISFACTION

The Deputy Speaker: Pursuant to standing order 28, the member for Nickel Belt (Mr. Laughren) has given notice of his dissatisfaction with the answer to his question given by the Minister of Northern Development and Mines (Mr. Fontaine) concerning spraying of forests. This matter will be debated next Tuesday at 10:30 p.m.

The House adjourned at 1 p.m.

APPENDIX

ANSWERS TO QUESTIONS IN ORDERS AND NOTICES

ACCESS TO MINISTER

106. Miss Stephenson: Would the Premier advise if London area doctors were invited to a cocktail party to raise funds for the Liberal Party and to meet the Minister of Health (Mr. Elston) and if they paid \$150 to the Liberal Party for this great privilege? How many doctors attended? How much was collected? How many other cabinet ministers attended? Was the Premier in attendance? [Tabled December 9, 1985]

Hon. Mr. Peterson: This information is available on the public record through the Commission on Election Contributions and Expenses. The Premier was not in attendance.

DON VALLEY PARKWAY

121. Mr. Gregory: Would the Minister of Transportation and Communications indicate what he is doing to decrease the number of accidents on the Don Valley Parkway between Lawrence Avenue and York Mills Road, recognizing that this dangerous stretch of the parkway had the highest number of collisions and the most personal injuries in Metropolitan Toronto in 1984? [Tabled December 9, 1985]

Hon. Mr. Fulton: Metropolitan roads and traffic department officials have reported the accident and personal injury experience on the Don Valley Parkway between Lawrence Avenue and York Mills Road is comparable to other urban freeways like it. Metro feels this situation is not disproportionate or unreasonable.

As Minister of Transportation and Communications, I take my responsibility for highway safety very seriously. As such, I am concerned about all motor vehicle accidents, personal injuries and fatalities occurring on Ontario's roads. While the Don Valley Parkway is under the sole jurisdiction and control of Metropolitan Toronto, I am prepared to offer the assistance of my ministry's technical staff should Metropolitan Toronto so wish.

Metropolitan Toronto employed open friction course mix (whisper asphalt) on the Don Valley Parkway. This surface mix is designated for urban freeways with heavy traffic where a porous, skid-resistant, sound-absorbent pavement is required. It is used on highways such as the Toronto bypass, the Ottawa Queensway, the Queen Elizabeth Way, Highway 401 through

Oshawa and Highway 403 in the Hamilton area. Metro reports that the open course pavement has reduced motor vehicle accidents by seven to eight per cent.

The ministry's experience is that open friction course pavement has better sound-absorbing characteristics and good skid-resistance properties. There are no data to indicate, or accident experience to confirm, that this pavement is suspected of causing accidents.

ACCESS TO MINISTER

124. Miss Stephenson: Would the Chairman of Management Board of Cabinet advise if she held a special breakfast to discuss new rules for advertising agencies, and was admission to that breakfast limited to those donating no less than \$250 to the Oriole Liberal Association? Did the minister attend the breakfast, and if so, what members of her staff accompanied her? Were members of her staff given leaves of absence to attend the breakfast, and if not, how much of their day was spent attending the breakfast? Did the minister drive in a government car to the breakfast? If the minister did not drive in a government car, what other form of transportation did she take, and was the cost of that covered by government funds in any way, shape or form? Who attended the breakfast? What advertising agencies or others in the advertising business were represented? Where was the meeting held? Who paid for the meeting facility? Did Hershell Ezrin, the Premier's chief of staff, attend? How did he get to the meeting; by government car or some other fashion financed by the taxpayers? [Tabled December 9, 1985]

Hon. Ms. Caplan: No, the Chairman of Management Board did not hold a special breakfast to discuss new rules for advertising agencies.

On August 28, 1985, the Chairman of Management Board and two of her staff were guests at a fund-raising breakfast sponsored by the Oriole Provincial Liberal Association. This breakfast was held outside of working hours, and no expenses were borne by the government, directly or indirectly. Hershell Ezrin, the Premier's principal secretary, also attended as a guest at no cost to the government.

PROVINCIAL SECRETARIAT FOR
RESOURCES DEVELOPMENT

126. Miss Stephenson: Would the Chairman of Management Board of Cabinet provide a list of all those employed in contract or complement positions in the Provincial Secretariat for Resources Development on June 26, 1985? Would

the chairman indicate, as of November 1, 1985, which of these employees had their services terminated and which have been reassigned elsewhere in the public service and to which ministries? [Tabled December 9, 1985]

Hon. Ms. Caplan: Following is the response to question 126:

**Individuals Employed in the
Provincial Secretariat for
Resources Development as of
June 26, 1985**

Stevenson, D. W.
Deputy Provincial Secretary

Contract

Soper, Pat
Stokell, Gordon

Svantesson, Janet

Complement

Ciurpita, Mary Ann
Cooper, Reed
McBride, Phyllis
Ramlogan, Shameena
Richards, Ken
Smith, Kathy
Taylor, Pat

Note:

1. Native affairs: All staff employed in native affairs were transferred to the minister responsible for native affairs, the Attorney General (Mr. Scott).

2. Niagara Escarpment Commission: All staff employed in the Niagara Escarpment Commission were transferred to the Ministry of Municipal Affairs.

3. The position of provincial secretary, as of June 26, 1985, was held by the then Minister of Municipal Affairs and Housing and Minister responsible for Women's Issues, the Honourable Dennis Timbrell.

Similarly, the positions of secretary to the minister, executive assistant to the minister, special assistant, secretary and driver were held by staff in the office of the Minister of Municipal Affairs and Housing.

**Reassignment or Retirement of
these individuals as of
November 1, 1985**

Senior representative
of the government of Ontario
to the government of Quebec
and the federal government

Municipal Affairs
Colleges and Universities
(complement position)
Civil Service Commission

Solicitor General
Industry, Trade and Technology
Attorney General
Tourism and Recreation
Cabinet Office
Solicitor General
Tourism and Recreation

PROVINCIAL SECRETARIAT FOR JUSTICE

127. Miss Stephenson: Will the Chairman of Management Board provide a list of all those employed in contract or complement positions in the Provincial Secretariat for Justice on June 26, 1985? Would the chairman indicate, as of November 1, 1985, which of these employees

had their services terminated and which have been reassigned elsewhere in the public service and to which ministries? [Tabled December 9, 1985]

Hon. Ms. Caplan: Following is the response to question 127:

**Individuals Employed in the
Provincial Secretariat for
Justice as of
June 26, 1985**

Wychowanec, S. J., QC
Deputy Provincial Secretary
for Justice

Contract
None

Complement
Bradley, Richard
Cornish, Ruth
Harris, Robert
McClure, Kent
Pattel, Sylvia
Pitman, Ruth

Sanderson, Marjorie
Thomas, Verna
VanDinther, Marjorie
Ward, Beverley
Welbourn, Rex

Note:

The position of provincial secretary, as of June 26, 1985, was held by the then Attorney General and minister responsible for French-language services, the Honourable Alan Pope.

Similarly, the positions of secretary to the minister, executive assistant to the minister, special assistant, secretary and driver were held by staff in the office of the Attorney General.

**Reassignment or Retirement of
these individuals as of
November 1, 1985**

Chairman,
Commercial Registration
Appeal Tribunal

Community and Social Services
Tourism and Recreation
Attorney General
Attorney General
Civil Service Commission
Was on and continues to be
on secondment to federal
government. On return:
Community and Social Services
Tourism and Recreation
Civil Service Commission
Cabinet Office
Solicitor General
Retired

**PROVINCIAL SECRETARIAT FOR
SOCIAL DEVELOPMENT**

128. Miss Stephenson: Would the Chairman of Management Board of Cabinet provide a list of all those employed in contract or complement positions in the Provincial Secretariat for Social Development on June 26, 1985? Would the

chairman indicate, as of November 1, 1985, which of these employees had their services terminated and which have been reassigned elsewhere in the public service and to which ministries? [Tabled December 9, 1985]

Hon. Ms. Caplan: Following is the response to question 128:

**Individuals Employed in the
Provincial Secretariat for
Social Development as of
June 26, 1985**

Gibbons, Valerie A.
Deputy Provincial Secretary

**Reassignment or Retirement of
these individuals as of
November 1, 1985**

Special adviser to Minister
without Portfolio responsible
for senior citizens' affairs,
Honourable Ron Van Horne

Individuals Employed in the Provincial Secretariat for Social Development as of June 26, 1985	Reassignment or Retirement of these individuals as of November 1, 1985
<i>Contract</i> Dunlop, Lori	Secretariat for Disabled Persons, reporting through Minister without Portfolio responsible for citizenship and culture, Honourable Tony Ruprecht
Giustizia, Chris	Seniors Secretariat, reporting through Minister without Portfolio responsible for senior citizens' affairs, Honourable Ron Van Horne
Jensen, Pat	Seniors Secretariat, reporting through Minister without Portfolio responsible for senior citizens' affairs, Honourable Ron Van Horne
Nickoloff, Bev	Seniors Secretariat, reporting through Minister without Portfolio responsible for senior citizens' affairs, Honourable Ron Van Horne
Sellors, Margaret	Seniors Secretariat, reporting through Minister without Portfolio responsible for senior citizens' affairs, Honourable Ron Van Horne
Stanfield, Edith	Ontario Advisory Council on Senior Citizens, reporting through Minister without Portfolio responsible for senior citizens' affairs, Honourable Ron Van Horne
Stewart, Christopher	Ontario Advisory Council on Senior Citizens, reporting through Minister without Portfolio responsible for senior citizens' affairs, Honourable Ron Van Horne
Strauss, Debbie Weisberg, Terese	Citizenship and Culture Secretariat for Disabled Persons, reporting through Minister without Portfolio responsible for citizenship and culture, Honourable Tony Ruprecht

**Individuals Employed in the
Provincial Secretariat for
Social Development as of
June 26, 1985**

Wilson, Ian

Complement

Alldrick, Beverley

Boynnton, Jon

Clarke, Gerry

Clarke, Julie

Crawford, Lawrence

Crawford, Susan

Drinkwater, Vicky

Frewin, Robert

Fritzlar, Karen

Hammond, Eileen

Hutcheon, Jill

**Reassignment or Retirement of
these individuals as of
November 1, 1985**

Ontario Advisory Council
on Senior Citizens,
reporting through Minister
without Portfolio responsible
for senior citizens' affairs,
Honourable Ron Van Horne

Government Services
Secretariat for Disabled
Persons, reporting through
Minister without Portfolio
responsible for citizenship
and culture, Honourable Tony
Ruprecht

Secretariat for Disabled
Persons, reporting through
Minister without Portfolio
responsible for citizenship
and culture, Honourable Tony
Ruprecht

Secretariat for Disabled
Persons, reporting through
Minister without Portfolio
responsible for citizenship
and culture, Honourable Tony
Ruprecht

Retired

Secretariat for Disabled
Persons, reporting through
Minister without Portfolio
responsible for citizenship
and culture, Honourable Tony
Ruprecht

Secretariat for Disabled
Persons reporting through
Minister without Portfolio
responsible for citizenship
and culture, Honourable Tony
Ruprecht

Management Board of Cabinet
Tourism and Recreation

Retired

Secretariat for Disabled
Persons, reporting through
Minister without Portfolio
responsible for citizenship
and culture, Honourable Tony
Ruprecht

Individuals Employed in the Provincial Secretariat for Social Development as of June 26, 1985	Reassignment or Retirement of these individuals as of November 1, 1985
Kennedy, David	Seniors Secretariat, reporting through Minister without Portfolio responsible for senior citizens' affairs, Honourable Ron Van Horne
McTavish, Isabella	Secretariat for Disabled Persons, reporting through Minister without Portfolio responsible for citizenship and culture, Honourable Tony Ruprecht
Nywening, John	Seniors Secretariat, reporting through Minister without Portfolio responsible for senior citizens' affairs, Honourable Ron Van Horne
Oake, Millie	Seniors Secretariat, reporting through Minister without Portfolio responsible for senior citizens' affairs, Honourable Ron Van Horne
Powell, Barbara	Seniors Secretariat, reporting through Minister without Portfolio responsible for senior citizens' affairs, Honourable Ron Van Horne
Sherman, Diana	Secretariat for Disabled Persons, reporting through Minister without Portfolio responsible for citizenship and culture, Honourable Tony Ruprecht
Tate, Mary	Ontario Advisory Council on Senior Citizens, reporting through Minister without Portfolio responsible for senior citizens' affairs, Honourable Ron Van Horne
Teasdale, Shirley	Secretariat for Disabled Persons, on secondment from Ministry of Energy
Tikaram, Leila	Senior Secretariat, reporting through Minister without Portfolio responsible for senior citizens' affairs, Honourable Ron Van Horne
Vipond, Ross	Ministry of Government Services
Yielding, Lorraine	Retired

Note:

One employee was declared surplus prior to June 16, 1985.

The position of provincial secretary, as of June 26, 1985, was held by the then Minister of Education, Minister of Colleges and Universities and government House leader, the Honourable Larry Grossman.

Similarly, the positions of secretary to the minister, executive assistant to the minister, special assistant, secretary and driver were held by staff in the office of the Minister of Education and Minister of Colleges and Universities.

MINISTER'S VISITS

149. Mr. Cousens: Would the Minister of Community and Social Services give the names and addresses of all institutions and offices that are in any way subsidized by the ministry that have been officially visited by the minister from July 1, 1985, to December 1, 1985, giving the following information: the time spent at the facility, the name of the senior staff person with whom he met, details of commitments made to the organization in terms of additional funding, support or study or commitments of any other kind? [Tabled December 20, 1985]

See sessional paper 321.

FOREST REGENERATION

150. Mr. Laughren: Would the Minister of Natural Resources indicate how many hectares of land were regenerated by the company in each of the past five years in each of the following forest management agreements: 500200, 500300, 500400, 500500 and 500600? [Tabled January 6, 1986]

Hon. Mr. Kerrio: Land receiving a regeneration treatment by the company on forest management agreements 500200, 500300, 500400, 500500 and 500600 in each of the past five years:

	Hectares				
	1980-81	1981-82	1982-83	1983-84	1984-85
500200	335	939	1,339	2,438	4,364
500300	0	3,532	5,151	3,482	2,637
500400	0	213	1,726	1,311	1,168
500500	0	0	2	0	252
500600	813	2,412	3,499	6,465	6,043

151. Mr. Laughren: Would the Minister of Natural Resources indicate how many hectares of land were regenerated by the Ministry of Natural Resources in each of the past five years in each of the following forest management agreements: 500200, 500300, 500400, 500500 and 500600? [Tabled January 6, 1986]

Hon. Mr. Kerrio: Land receiving a regeneration treatment by the Ministry of Natural Resources on forest management agreements 500200, 500300, 500400, 500500 and 500600 in each of the past five years:

	Hectares				
	1980-81	1981-82	1982-83	1983-84	1984-85
500200	876	1,093	634	665	322
500300	8,865	0	0	0	0
500400	2,441	1,151	802	687	776
500500	214	58	0	22	25
500600	1,252	956	458	463	352

156. Mr. Laughren: Would the Minister of Natural Resources indicate how many hectares of "not sufficiently regenerated" land exist within each of the following forest management agreements: 500200, 500300, 500400, 500500 and 500600? Tabled January 6, 1986]

Hon. Mr. Kerrio: The area that has been surveyed and classified prior to signing as "not sufficiently regenerated" within forest management agreements 500200, 500300, 500400, 500500 and 500600 is as follows:

FMA No.	Hectares
500200	27,521
500300	10,263
500400	4,443
500500	6,332
500600	60,201

157. Mr. Laughren: Would the Minister of Natural Resources indicate how many hectares of "not sufficiently regenerated" land each company must treat as a condition of the extension of forest management agreements 500200, 500300, 500400, 500500 and 500600? [Tabled January 6, 1986]

Hon. Mr. Kerrio: No conditions regarding the treatment of "not satisfactorily regenerated" lands are part of the extension of these forest management agreements.

The original agreements' condition to treat five per cent of "not satisfactorily regenerated" lands each year for the 20-year period of the agreement remains unchanged.

The number of hectares of "not satisfactorily regenerated" land treated during the first five years were:

FMA No.	Hectares
500200	8,969
500300	9,283
500400	5,981
500500	610
500600	42,345

The above numbers from the five-year forest management agreement review indicate the companies collectively treated 381 per cent of their obligations.

APPOINTMENTS IN PUBLIC SECTOR

161. Mr. Rowe: Would the Minister of Tourism and Recreation provide a list of all individuals appointed to the following agencies, boards and commissions since June 26, 1985: Canada's Capital Congress Centre; Huronia Historical Parks Advisory Council; Metro Toronto Convention Centre; Minaki Lodge Resort Ltd.; Niagara Parks Commission; Old Fort William Advisory Committee; Ontario Lottery Corp.; Ontario Place Corp.; Ontario Trillium Foundation; St. Clair Parkway Commission; St. Lawrence Parks Commission; Thunder Bay Ski Jumps Ltd.? [Tabled January 10, 1986]

Hon. Mr. Eakins: Appointments to the Ministry of Tourism and Recreation agencies, boards and commissions made from June 26, 1985, are as follows:

Agency/Board/Commission	Name/Position	Appointment Date	Expiry Date
Niagara Parks Commission	John Holer Commissioner	July 14, 1985	July 31, 1988
Metro Toronto Convention Centre	T. N. Davidson Chairman	January 1, 1986	December 31, 1988
St. Clair Parkway Commission	J. D. George Vice-Chairman	January 1, 1986	December 31, 1988
Minaki Companies	E. J. Boyer President and Chief Executive Officer	January 16, 1986	January 15, 1987
	Ms. S. Young Secretary- Treasurer	January 16, 1986	January 15, 1987

Agency/Board/ Commission	Name/ Position	Appointment Date	Expiry Date
	F. Dougall Chairman	January 16, 1986	January 15, 1987
	Ms. V. Skillen Vice-Chairman	January 16, 1986	January 15, 1987
	Dr. P. M. Delamere Member	January 16, 1986	January 15, 1987
	L. P. Compton Member	January 16, 1986	January 15, 1987
	G. A. McTaggart Member	January 16, 1986	January 15, 1987

In addition to the above appointments, the following appointments have been recommended and are awaiting confirmation by order in council:

Niagara Parks Commission	D. A. Mann Commissioner	January 1986	November 30, 1986
	N. K. Hummel Commissioner	January 1986	November 30, 1986
	W. S. Smeaton Commissioner	January 1986	November 30, 1986
	J. Marino Commissioner	January 1986	November 30, 1986

MINISTER'S MEETINGS

169. Mr. Bennett: Will the Minister of Industry, Trade and Technology indicate the dates of all meetings that he has personally attended with officials of the following firms to discuss their possible investment in Ontario: (1) Hyundai, (2) Toyota, (3) Petrocan, (4) Bombardier and (5) Atlantic and Pacific? [Tabled January 10, 1986]

Hon. Mr. O'Neil: 1. The Minister of Industry, Trade and Technology personally attended meetings with officials of Hyundai Motor Corp. on September 13, 1985, in Seoul, Korea, and in Toronto with officials of Hyundai Motor Corp. Canada on October 7 and October 22, 1985.

2. The Minister of Industry, Trade and Technology also attended meetings with the Toyota Motor Corp. on September 11, 1985, in Toyota City, and in Toronto on October 4 and December 10, 1985, the date of the Toyota announcement concerning its Ontario location.

3. The Minister of Industry, Trade and Technology did not meet with officials of Petrocan.

4. The Minister of Industry, Trade and Technology did not meet with officials of Bombardier.

5. The Minister of Industry, Trade and

Technology did not meet with officials of Atlantic and Pacific.

DE HAVILLAND AIRCRAFT OF CANADA

171. Mr. Bennett: Will the Minister of Industry, Trade and Technology provide a list of all companies which were contacted by the government regarding the sale of de Havilland? [Tabled January 10, 1986]

Hon. Mr. O'Neil: List of companies which were contacted by the government regarding the sale of de Havilland: Lazard Frères, Burns Fry, Havlik Enterprises, Devtek, Diemasters, Chickopee, Reil, Indal, Vicom, Rimgate, J. Dornier, Boeing, Messerschmidt Boelkow Blohm, Euromart.

Discussions centred on alternative options to the sale of de Havilland. The intent was to assess the feasibility of putting together a domestic alternative.

CROWN CORPORATIONS

173. Mr. Sterling: Will the Minister of Treasury and Economics provide a list of which crown corporations the government currently has for sale or is considering selling? [Tabled January 10, 1986]

Hon. Mr. Peterson: At the present time, we

are looking at the feasibility of selling the Urban Transportation Development Corp. Ltd. and Minaki Lodge. Apart from this, we are continuing the process of reviewing all crown corporations in a systematic way, as stated by the Premier in the House on December 10, 1985.

OLEOMARGARINE ACT

174. Mr. Stevenson: Would the Minister of Agriculture and Food advise if it is true that he intends to repeal the Oleomargarine Act? Why is the minister not stopping the sale of inappropriately coloured margarine in Ontario? When can charges expect to be laid? [Tabled January 10, 1986]

Hon. Mr. Riddell: I have no intention of repealing the Oleomargarine Act or any of the provisions contained therein.

The courts have recently ruled that the colour provisions contained in section 4 of the act are unenforceable because of the requirements to test in accordance with US standards that are no longer in existence. This has resulted in more instances of butter-coloured oleomargarine being sold within Ontario during 1985.

To correct this situation, I will shortly be introducing a bill to amend the Oleomargarine Act. This amendment will result in the removal of all reference to US standards and have the effect of making the colour provisions enforceable.

I can provide assurance that as soon as this bill gains passage through the House and receives royal assent, enforcement will quickly follow, and in view of the honourable member's concern, I look forward to his co-operation in ensuring speedy passage of the bill through the House.

I should add that despite the unenforceability of the colour provisions, all other provisions of the act have continued to be enforced, particularly the requirements respecting labelling.

ENVIRONMENT CHARGES

175. Ms. Fish: Would the Minister of the Environment table a list of all individuals or companies charged since January 1, 1980, under environmental legislation for which he is responsible, indicating the nature of the alleged offence, the charge laid and the date the charge was laid? [Tabled January 10, 1986]

Hon. Mr. Bradley: The records of the Ministry of the Environment's prosecution activities from January 1, 1980, to March 31, 1986, are appended see sessional paper 325].

The records from April 1, 1984, to March 31, 1986, are available on computer printout and are

in a different format from the January 1, 1980, to March 31, 1984, records, which had to be recovered from file.

176. Ms. Fish: Would the Minister of the Environment indicate the process by which a decision is made as to whether charges should be laid against an individual or company for alleged offences under the environmental legislation for which the minister is responsible? Does the minister make the final decision in such cases? [Tabled January 10, 1986]

Hon. Mr. Bradley: Following an investigation where it has been determined that a violation of the environmental legislation has occurred and there is adequate evidence to support charges being laid, the evidence is reviewed by the director of the investigations and enforcement branch and the director of the legal services branch. If in their opinion adequate evidence has been obtained to support the laying of charges, they make the decision to proceed.

Senior management of the ministry and the minister are informed of the decision. The minister is not directly involved in the decision to lay charges.

ACCESS TO MINISTER

179. Mr. O'Connor: Would the Attorney General advise if he has asked for a prosecutorial opinion from his ministry with respect to the various representations made by various individuals that, in return for a specific donation to the Liberal Party of Ontario, individuals could gain influence and be afforded a special opportunity to offer counsel and advice, in a fashion that could be contrary to the influence-peddling provisions of the Criminal Code of Canada? [Tabled January 10, 1986]

Hon. Mr. Scott: I can advise that I have asked for no prosecutorial opinion from my ministry with respect to the representation set forth in the honourable member's question. I can add that I am not aware of the existence of any circumstances of the type set forth in the question which could give rise to a criminal prosecution.

INTERIM ANSWERS

152 to 155. Mr. Laughren: Hon. Mr. Kerrio—The information requested will be forthcoming by January 31, 1986, as this information is of an operational nature and is maintained at the district level.

158 to 160. Mr. Guindon: Hon. Mr. Grand-maitre—Additional time will be required to answer these questions. Answers will be tabled on or about February 28, 1986.

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Ashe, G. L. (Durham West PC)
Baetz, R. C. (Ottawa West PC)
Bradley, Hon. J. J., Minister of the Environment (St. Catharines L)
Breaugh, M. J. (Oshawa NDP)
Bryden, M. H. (Beaches-Woodbine NDP)
Callahan, R. V. (Brampton L)
Caplan, Hon. E., Chairman of Management Board of Cabinet and Minister of Government Services (Oriole L)
Cooke, D. S. (Windsor-Riverside NDP)
Davis, W. C. (Scarborough Centre PC)
Edighoffer, Hon. H. A., Speaker (Perth L)
Fontaine, Hon. R., Minister of Northern Development and Mines (Cochrane North L)
Gillies, P. A. (Brantford PC)
Gordon, J. K. (Sudbury PC)
Gregory, M. E. C. (Mississauga East PC)
Harris, M. D. (Nipissing PC)
Jackson, C. (Burlington South PC)
Keyes, Hon. K. A., Solicitor General and Minister of Correctional Services (Kingston and the Islands L)
Laughren, F. (Nickel Belt NDP)
Leluk, N. G. (York West PC)
Mackenzie, R. W. (Hamilton East NDP)
Marland, M. (Mississauga South PC)
McClellan, R. A. (Bellwoods NDP)
McFadden, D. J. (Eglinton PC)
Morin, G. E., Deputy Chairman and Acting Speaker (Carleton East L)
Nixon, Hon. R. F., Treasurer of Ontario and Minister of Economics and Minister of Revenue (Brant-Oxford-Norfolk L)
Peterson, Hon. D. R., Premier and President of the Council and Minister of Intergovernmental Affairs (London Centre L)
Rae, R. K. (York South NDP)
Rowe, W. E. (Simcoe Centre PC)
Shymko, Y. R. (High Park-Swansea PC)
Sorbara, Hon. G. S., Minister of Colleges and Universities and Minister of Skills Development (York North L)
Stephenson, B. M. (York Mills PC)
Stevenson, K. R. (Durham-York PC)
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Monday, January 27, 1986

Afternoon Sitting

Speaker: Honourable H. A. Edighoffer

Clerk of the House: R. G. Lewis, QC



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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday, January 27, 1986

The House met at 2 p.m.

Prayers.

STATEMENT BY THE MINISTRY

LOTTERY-FUNDED CAPITAL PROGRAMS

Hon. Mr. Eakins: It gives me great pleasure to announce today the 1986-87 lottery-funded capital programs.

In 1985-86, a new capital conservation program was created for the express purpose of encouraging repairs and renovations to existing facilities such as arenas and community centres. This program was designed to encourage communities to modify their facilities so that the changing recreation needs of special groups, such as disabled individuals and older adults, might be accommodated.

During the 1985-86 fiscal year, my ministry committed \$3.4 million to the capital conservation program. Today I am happy to inform members this government has allocated \$10 million to the 1986-87 capital conservation program. Because the applications for funding requested under the previous government's program exceeded the funds available, I am also pleased to report that our government has decided that \$5 million from the 1986-87 capital conservation allocation will be used for applications already filed this fiscal year. These applications will be reviewed immediately.

This initiative demonstrates our government's responsiveness to the needs identified by client groups such as municipalities and community groups. Many people applied for grants under the 1985-86 capital conservation program but could not be assisted because of the funding limits set by the previous government. We have corrected this.

I am also pleased to announce a second initiative, a new capital grants program for new recreation facilities. My government has committed \$15 million to the capital grants for a new recreation facilities program in 1986-87. Municipalities and community groups can apply for assistance in the construction of new recreation projects such as community centres and sports facilities.

Many members may be aware that, sadly, this program has not been open for new applications since 1983. I am especially pleased this government has recognized and responded to needs that have gone unanswered for the past two years.

Both of these capital programs address the changing patterns of work and leisure, the increasing average age of the population, special recreation needs and the much greater importance of recreation in general. The economic activity these programs will generate through construction and jobs is also very significant.

Information on program guidelines and application deadlines will be made available in the next few weeks through the ministry's regional offices.

Mr. J. M. Johnson: Mr. Speaker, on a point of privilege: Because the Minister of Tourism and Recreation has made this statement, I would like to bring to your attention an advertisement containing job descriptions for Ontario Place that appeared in the Mount Forest Confederate last week. It said the deadline for receipt of applications is January 31 and that students interested in applying for the positions could contact the constituency office of the member for Grey (Mr. McKessock) in Markdale.

No information was provided to me or other Conservative members; yet the Liberal members, and likely the New Democrats also, were advised of this ahead of time and received application forms. Does this mean jobs are available only for Liberal young people?

Mr. Speaker: That is not a point of privilege. The honourable member can ask that question during question period.

ORAL QUESTIONS

DRUG SUBSTITUTES

Mr. Grossman: The Minister of Health has now had to retreat from his suggestion that we were scaring senior citizens on the questions we raised with regard to drug substitution. He has now had to change his position and call the emergency meeting of the Drug Quality and Therapeutics Committee we asked for and he refused for several days. Is the minister now prepared to retreat from his position that all this drug substitution depends upon federal govern-

ment testing, or is he prepared to agree today that the federal bureau of human prescription drugs does not test for interchangeability?

Hon. Mr. Elston: I do not think I have to retreat on that issue because, as the honourable gentleman knows, our Drug Quality and Therapeutics Committee does make rulings on the interchangeability of products.

Mr. Grossman: Exactly. Therefore, the suggestion the minister was making last week, two weeks ago and three weeks ago that this all depends upon the federal government is, with respect, wrong. The ultimate burden lies with the ministry to make decisions with regard to interchangeability. Is the minister prepared to admit today that thousands of pills were on the shelves from December 2 to the day he finally took action last week? Is the minister prepared to admit that from January 14, when we first raised the issue and he refused to do anything, until last week thousands of potentially dangerous pills were on the shelves for an extended period of time?

Hon. Mr. Elston: The Leader of the Opposition knows full well that the safety of medication is under federal jurisdiction. He knows that and I know that.

Mr. Grossman: Interchangeability is the question.

Hon. Mr. Elston: The member raised the question of safety, which is within the exclusive jurisdiction of the federal authorities.

The question of interchangeability is under the jurisdiction of our group, the Drug Quality and Therapeutics Committee. With respect, the member knows and I confirm that we have been waiting for the federal authorities to provide updated information. We have also been waiting for information from the drug company with respect to the material to be tested.

At the meeting that was called, the material the committee used to make its decision was the most conclusive available at the time. Questions were raised about whether more information was coming from the federal authorities. We have attempted to get more information, and that was the basis on which the meeting was finally held.

Mr. D. S. Cooke: Could the Minister of Health explain why it took the Ontario Medical Association six months after the question was raised in the Legislature to report to the ministry on the one drug that was declared to be interchangeable? Does that not indicate there is a problem in the system? If patients are feeling side-effects, why is there not a system in place

that allows the ministry to become aware of the problem immediately?

2:10 p.m.

Hon. Mr. Elston: I cannot tell why the submission of the material to our ministry took six months. I think the honourable gentleman and the Leader of the Opposition (Mr. Grossman) know the OMA committee to which the information was originally referred is a joint federal-OMA committee. That is what I understand, but I stand to be corrected if I am wrong. That may indicate why it took longer to provide the Ministry of Health with information about this drug. I do not know exactly how else to explain the tardiness of recommending to us that other steps be taken.

Mr. Grossman: The minister suggests information was needed from the federal government. I put it to him that the federal government tests for safety and efficacy. It does not test for interchangeability. The questions raised by the Ontario Medical Association were not with regard to safety or efficacy. They were about safe interchangeability, which has nothing to do with the federal government and everything to do with his ministry.

On that issue, the minister said he would be appointing new people to the DQTC, including the OMA nominee, an item which had been outstanding from July 1985 to January 1986. He said last week he would be appointing the people by the end of that week. Can he tell us whom he had appointed by the end of last week and who the OMA nominee is?

Hon. Mr. Elston: There were several parts to that information just disseminated by the Leader of the Opposition. I do not have the exact names of the people at my disposal, but I would be pleased to report back to the House on all of them. I understand we accepted more than one person nominated or at least put forward by the OMA.

I also have to underline that the OMA per se does not have an official representative. I think the Leader of the Opposition will agree that this is the case. When somebody resigns, as the individual physician who was seen to be the OMA's representative did when he left for Quebec to take up activities there, it would never have been the procedure in this province to make an appointment in mid-term. We have followed the regular procedure. I think the member will be pleased to know the suggestions of the OMA have been followed with respect to its recommendations, and I will provide the exact names.

Mr. Grossman: This has been done six months after they sent in the names.

FACULTY OF ARCHITECTURE AND LANDSCAPE ARCHITECTURE

Mr. Grossman: I have a question for the Minister of Colleges and Universities.

For the sake of brevity, I invite the minister to indicate with a yes or no answer whether he agrees with the decision of the University of Toronto, which was talked about in this House last Friday, to close its faculty of architecture. Yes or no?

Hon. Mr. Sorbara: The Leader of the Opposition has given me an opportunity to answer yes or no. I do not think I am compelled to do that. I have met with President Connell and we have discussed his decision. He has given me background information on it. Additional background information appeared in the press over the weekend. I anticipate meeting with him further on it.

Mr. Grossman: Under the rules of the House, the minister is not compelled to say he agrees with the closing of the faculty of architecture, but as he is Minister of Colleges and Universities, one thinks he might have not just an opinion but a very strong one with regard to whether the closure of that facility was right or wrong. I invite him to stand up and say either the U of T was right or wrong, in which case he, as the minister, will do everything within his power to make sure the school stays open. I want to hear one or the other. The public compels him to answer.

Hon. Mr. Sorbara: It is another either-or opportunity. Has the minister stopped beating his wife? The minister never beat his wife.

I expressed my sadness to President Connell when he advised me his administration was going to recommend the closure. We are all saddened by that. Nevertheless, I do not think it is appropriate for the minister simply to step in and say, "I disagree with it, so we are going to try and influence that decision of a governing council of an autonomous institution." In view of the announcement, we are simply not prepared to take immediate steps. We do not have enough information to make those sorts of decisions at this point.

Mr. Rae: Is the minister going to countenance the closure of the only professional architectural school in Ontario that provides graduate training and graduate degrees? Is he prepared to countenance the closing of a professional faculty of architecture in the city of Toronto, the largest metropolis in Canada?

Hon. Mr. Sorbara: I do not think the question is whether I countenance it. These problems have arisen over the past three or four months. The difficulties within that institution have existed for 10 years; that faculty has been in trouble for a very long time.

We are looking at the situation. We are going to monitor the hearings the committees of the governing council will have. I have already arranged to meet with the representative body of architects. At this point, I am not prepared to say whether we are prepared to step in. I do not think it is appropriate for a minister to step in and say salvation is at hand whenever a program is in trouble.

Mr. Grossman: One wonders why we need a minister at all if all he is going to do is report that he too is saddened by the decision. The minister says he will not interfere because of the autonomous nature and independence of the university system. Can he explain why, when it comes time to interfere and stop the closing of the faculty of architecture, the system is autonomous and independent, but when the Treasurer brings down his budget he tells the Ontario Institute of Studies in Education that it must be folded into the University of Toronto? Is it independent when that is convenient for the government or is it not independent? Will he explain the difference to us?

Hon. Mr. Sorbara: In recent history my friend was the Minister of Colleges and Universities. At that time he surely was aware of the difficulties at the faculty of architecture in the University of Toronto, yet he did not step in to improve that situation. That is an autonomous institution.

The union of OISE and the University of Toronto will take place arising out of an agreement we think will be negotiated between those two institutions.

DOMINION STORES

Mr. Rae: I have a question for the Premier, who I am sure will be aware that the most symbolic representative of bloated capitalism at its worst, Conrad Black, the owner of Dominion Stores, skimmed off \$62 million from the pension fund under the open eyes and ears of the government's pension commission.

At the same time, Dominion Stores is refusing to pay severance pay to the 400 employees who were laid off as a result of a decision by Dominion Stores to shut down several stores. What does the Premier intend to do about that to

assure the workers of this province that there is some industrial justice in Ontario in 1986?

Hon. Mr. Peterson: The honourable member has asked a very legitimate question. What has transpired in the last little while is most troubling, particularly the juxtaposition of taking \$62 million from the pension fund—I believe that was last week or the week before—and the closing down of some of the operations at the same time. I have been canvassing opinion today to see what our legal remedies are and at the moment I am not sure.

I can tell the member the current state of how we see things. The member is quite right in that the company just withdrew \$62 million from the pension fund. As I understand it, that was a decision agreed to by the union and management. The contract in that case and in other cases has to be agreed to by both parties. I could be wrong about that, but that is my understanding. Then it has to be agreed to by an independent group, the Pension Commission of Ontario. In that respect, it is not a government decision; it is made by an independent group, as set out by legislation. As the member knows, we are or shortly will be in the process of changing that legislation. We think some of our changes will deal with this kind of problem.

Second, there is a problem with respect to severance pay. A couple of questions, one to do with seniority and another to do with the size of the establishment, are before a referee under the Employment Standards Act. I understand that hearing will take place in May or perhaps later; we would like to see that accelerated. I agree with the member it is a troubling situation. I wish I could wave a magic wand and solve it today; I cannot, but we are pursuing all the remedies.

2:20 p.m.

Mr. Rae: If I can stick with the issue of the pension fund for a moment, the Premier is aware that we have been raising this issue for some time. We began raising questions at the time of the CCM collapse, more than a year ago.

Even if the government had waited until we first asked questions, does the Premier agree it would have been possible for it to amend the legislation and regulations so no further withdrawals from funds could have taken place? What is he going to do, as of today, to stop further hemorrhaging of workers' pension funds, money being taken out by employers because they suspect the government is going to change the legislation?

Hon. Mr. Peterson: There is nothing illegal about it at present. I understand what the

honourable member is saying. It is our view that the amendments the Treasurer (Mr. Nixon) has in mind with respect to a 50:50 contribution would go a very long way to solving the exact problem the member raises. Other questions have to be addressed as we approach the subject of pension reform, but we believe the Treasurer's view would solve a lot of these problems.

Mr. Grossman: The leader of the third party points out there may be a bit of a run on these things in anticipation of a government decision. Does the Premier not think it would be appropriate to set a clear date for a government decision in this regard, one way or another, and announce that right away? I suggest to the Premier, the earlier the date the better. When is he going to have a decision?

Hon. Mr. Peterson: The honourable member had a lot of time to deal with these questions and now we are dealing with them. We have announced our program in that regard.

First, I do not see a major run, because employers will have to comply with the terms of the legislation, which presumably guarantees sufficient funds in that pension fund. I do not see that a run will occur. If there is any possibility of that happening we could have a discussion with the pension commission, even though it is an arm's-length, independent group.

Mr. R. F. Johnston: Given the present failure of the severance pay legislation in Ontario, in that only 17 per cent or about 2,300 of the 14,000 laid-off people actually received severance pay in 1984, and given that the whole business of "establishment" is being so misused by Dominion Stores, is there nothing the Premier can do to correct these problems as soon as possible to protect the workers in this province?

For instance, the store in my riding, which was the most recent one to close, actually had more than 50 employees this month; it laid off six to bring the number down to 48 before it announced the store was going to close.

Finally, the Premier mentioned speeding up the process of the definition of "establishment." My understanding is that was done in April and that Dominion Stores is going to close—

Mr. Speaker: Order.

Hon. Mr. Peterson: It is my understanding that we may be able to move it up for a quicker hearing, with the agreement of all parties. We will endeavour to get that agreement to make that determination with respect to "establishment." The honourable member is correct; there have been some abuses of the situation. We are in the

process of discussing this with the Ministry of Labour and we hope to be able to come back with specific remedies for all cases, including the Dominion case.

[Later]

Mr. Rae: On a point of order, Mr. Speaker: In the course of our exchange today, the Premier indicated he was not sure but he thought the trade union and the employees involved had been consulted. I was advised by the Pension Commission of Ontario at 2:45 p.m. that the commission approved the payout in the past two weeks, that the terms of the plan did not require consultation with the union as a condition of payout, that the commission did not contact the union and that the trust company had already paid the money out. I am sure the Premier would like to correct the record.

Mr. Speaker: That is not a point of order.

Hon. Mr. Peterson: I accept that the honourable member is probably correct, and I thank him for correcting the record. I will look into this matter immediately, and if I am wrong, I apologize to the member and to the House.

OVERTIME WORKERS

Mr. Rae: I have a new question to the Attorney General. On Thursday, talking about prosecutions under the Employment Standards Act, the Minister of Labour (Mr. Wrye) announced that "it would be clearly unfair to launch prosecutions for actions based on past government direction. Therefore, the branch will not initiate prosecutions for violations occurring before January 1 this year."

Section 59 of the Employment Standards Act is very clear and sets out as a basic fact that "every person who contravenes any provision of this act...is guilty of an offence and on conviction is liable" and so on. If they are guilty of an offence for having breached the act, why are they not being prosecuted by the government of Ontario?

Hon. Mr. Scott: I did not hear the question and answer last week. I do not have at hand the material to which the honourable member is referring. I will have to consider it and advise him.

Mr. Rae: I am sorry, but the Attorney General is responsible for the administration of justice in the province. When his colleague the Minister of Labour states as a matter of fundamental government policy that the Employment Standards Act will not be in force up until January 1986—

Mr. Speaker: Supplementary.

Mr. Rae: —we are entitled to an answer from the Attorney General with respect to that government policy.

I ask him specifically, under what canon of law or what government direction is the Minister of Labour stating there will be a blanket amnesty for all those employers who have broken the law up to January 1, 1986?

Hon. Mr. Scott: The member is entitled to an answer, and he is going to get one, but he is not going to get it now just because he seeks to raise the question now. If he had given me notice half an hour ago I would have looked up the material and been prepared to give an answer. I undertake to do that as quickly as I can and let him know.

Mr. Rae: Is the Attorney General telling us he was not consulted when the Minister of Labour announced that as a matter of government policy there was going to be a blanket amnesty with respect to enforcement of the Employment Standards Act?

Hon. Mr. Scott: I was not consulted, but it does not follow that officials of my ministry who are authorized to give advice on these matters were not.

KAWARTHA DOWNS RACETRACK

Mr. Turner: I have a question of the Minister of Consumer and Commercial Relations. On Wednesday, January 22, an official of the Ontario Racing Commission called and informed the management of Kawartha Downs racetrack, which is in my constituency, it would be closed until further notice. What is the minister going to do about it?

Hon. Mr. Kwinter: The matter of Kawartha Downs has been raised by the racing commission. I was in touch with the member for Durham East (Mr. Cureatz) this morning. At present, all parties are trying to work out their differences. I do not think it is appropriate for me to interfere as the minister until I have had an official communication from the racing commission or any of the other parties involved.

I am in communication with them about what is going on. As soon as they have some sort of a proposal on which they want me to act, I will.

Mr. Turner: I am pleased the minister is aware of the situation. However, it is cold comfort to the 162 employees who work at this track. Will the minister assure this House, myself and my constituency that he will immediately intervene in this affair to reopen the raceway as quickly as possible?

Hon. Mr. Kwinter: The information I have from my conversation with the member for Durham East this morning is that the chairman of the racing commission has made a proposal and it is being considered. I cannot give the member the assurance he asks, because I do not think it is appropriate for me to intervene until it has reached such an impasse that it requires a minister's intervention.

PART-TIME EMPLOYMENT

Mr. Mackenzie: I have a question of the Chairman of Management Board of Cabinet. I wonder whether the long-awaited extension of benefits to part-time workers under the Civil Service Commission is finally happening, but obviously not without problems.

I have a question of the minister on the situation at the Whitby Psychiatric Hospital. One of the workers there, Mary, works from 10:30 a.m. until 2:30 p.m., five days a week, for a total of 20 hours. Jane works three days a week on a float schedule for 21.75 hours a week. Can the minister explain which of these two workers will qualify for part-time benefits and why there is discrimination?

2:30 p.m.

Hon. Ms. Caplan: If the honourable member will give me the details of the individuals, I will look into the cases and come back with a clear definition so everyone will understand exactly how we will be providing these benefits, which have been applauded by an arbitrator as being very forward-thinking and fair to regular part-time people. It is important the details be made clear, and I will be pleased to do that. If the member will give me the specific details on the individuals, I will have a full answer in due course.

Mr. Mackenzie: If it is very fair, we have a problem. The schedules are made out at least 14 or 15 days in advance for both groups. The part-time workers at Whitby Psychiatric Hospital expected to start receiving benefits on January 1, but now have discovered that of the 130 they deemed to be eligible, only 28 will qualify under the formula being used. One of every five workers is eligible for basic benefits, and many of those not eligible are those with more time in. Can the minister explain this?

Hon. Ms. Caplan: A very full and complete answer is necessary, and I will make a statement in the House to that effect in the very near future.

INSURANCE RATES

Mr. Cousens: I have a question for the Minister of Community and Social Services

having to do with insurance, the subject we have been spending so much time on with the Minister of Consumer and Commercial Relations (Mr. Kwinter). It has to do with a little group home in the small community of Bridgenorth, near Peterborough, that is about to be closed because it cannot obtain liability insurance. If it does not obtain liability insurance—

Mr. Speaker: Question.

Mr. Cousens: Mr. Speaker, I have a question, but I have to give some background to it. Do you want me to start from the beginning? When you interrupt like that, I cannot get through it.

This group home is at Bridgenorth. If it does not get liability insurance by Friday, January 31, it will have to close. What is the minister prepared to do for the children in the group home?

Hon. Mr. Sweeney: If this group home is financed in whole or in part by my ministry, we have given a clear statement that we will work with it either to get insurance from some other source or to assist it to deal with the problem in the short term. We have made clear that we do not intend to see any service whatsoever closed down. I remind the honourable member that just in the past week, my colleague who is responsible for the department of insurance has assisted two child care agencies in getting insurance in the short term while longer-term solutions are being met.

We are working with these groups and we have committed ourselves to continuing to work with them. If the member will identify the group home he is concerned about, my staff and the staff of the Ministry of Consumer and Commercial Relations will be in touch with it to see what we can do to help.

Mr. Cousens: I am pleased with the minister's intent. I would like him to go one step further and give us a guarantee that he will do everything possible to make sure the group home is not closed. That is what is going to happen to a lot of group homes unless the province begins to do something to solve this problem. Can he give us a guarantee?

Hon. Mr. Sweeney: I will give a guarantee that we will do everything possible to assist them. However, that is not the question; I have given that kind of guarantee two or three times already. I point out to the member that to this point not a single agency associated with my ministry has had to reduce its services because of insurance.

Mr. R. F. Johnston: Given the low-claim nature of the insurance for group homes and child care facilities in general, how does the minister explain the difficulty they are having in getting insurance? What are the avenues for these group homes and child care facilities around the province? Which insurance companies are picking them up? Very few claims are ever made against these institutions.

Hon. Mr. Sweeney: The honourable member is quite correct in indicating that a number of our agencies have never had a single liability claim in their entire history. The only response we are getting from the insurance companies is that they are potentially liable. It is this uncertainty that seems to be creating the problem.

Let me repeat that we have already assisted a number of agencies and we will continue to assist them. To the best of my knowledge, and I stand to be corrected if any member knows otherwise, not a single agency has had to curtail its services because of this.

PSYCHIATRISTS' SALARIES

Mr. D. S. Cooke: I have a question for the Chairman of Management Board with regard to the psychiatric hospitals and the negotiating dispute that is going on currently.

Now that the fact-finder has reported he also feels the process of negotiation is unfair and one-sided, I wonder whether the Chairman of Management Board is willing to take the recommendation of the psychiatrists and the Ontario Medical Association and put in place a fair negotiating process that recognizes psychiatrists as a bargaining unit and accepts the results of a fact-finder or any other third-party resolution of these kinds of labour disputes?

Hon. Ms. Caplan: I am particularly disappointed the representatives of the psychiatrists in the employ of the government decided to release the report of the fact-finder knowing the negotiating process in place at this time agrees clearly the parties will not release the report for seven days, and then only after giving the other party two days' notice of their intention to make the report public.

This calls into question the process that is in place. I would like very much to review that process, which obviously is not working.

Mr. D. S. Cooke: The minister did not answer the question whatsoever. The fact that the fact-finder's report has been released may be important to her, but my concern and that of the members of the Legislature is that this dispute

should be settled so the patients in the province who need help get the help they require.

Is the minister prepared to recognize the psychiatrists and other professional groups in this province as negotiating bodies and allow them to organize and negotiate fairly, instead of the existing one-sided process? Yes or no?

Hon. Ms. Caplan: I believe the psychiatrists in the employ of the Ontario government are fairly paid when compared to other professionals in the public service or salaried physicians in other jurisdictions. I believe our salaries are higher than those of all but one other province and they are higher than those paid by the federal government.

Mr. R. F. Johnston: Is the minister sure it says that?

Mr. McClellan: She is reading tea leaves.

Mr. Speaker: Order.

Hon. Ms. Caplan: The physicians have indicated they are also concerned about working conditions, and it is my feeling this entire matter would be well served if the parties were able to sit down and discuss it amiably, as the Minister of Health (Mr. Elston) has offered to do.

EXPO 86 PAVILION

Mr. Rowe: My question is to the Minister of Transportation and Communications. I understand a \$2.25-million film called *A New Place to Stand* will be shown in the Ontario pavilion at Expo 86, "featuring a spine-tingling, heart-stopping tour of the province," to quote from the brochure. What facilities are in place to ensure that tourists interested in specific areas of Ontario have access to detailed information?

Hon. Mr. Fulton: I appreciate the interest the honourable member is showing in Expo 86. I hope he is considering his travel plans accordingly. I am sure the film producers hired by his government will be very pleased to hear of his renewed interest.

It is being advertised constantly. I believe I heard Expo 86 commercials as recently as today. The media have shown a considerable degree of interest. As the next few weeks unfold, and as we have already done in some instances, we will be doing considerable programming in print and other media to get the Expo 86 message across, not only to the general public but also to the back-bench members of the Progressive Conservative Party.

Mr. Rowe: My question did not deal with the quality of the film; it is an excellent film. Unfortunately, the minister did not listen. As of

last Thursday evening no decisions had been made on counsellors or on which kiosks will be used to capitalize on a pavilion costing \$27 million and growing. With fewer than 100 days to the opening, is anyone over there in charge of that project?

2:40 p.m.

Hon. Mr. Fulton: Yes. The minister, along with the board of directors, is in charge of the project, as the member well knows.

I am pleased to hear the member refer to the high quality of the film. I am not aware that he has seen it yet, but then neither has anyone else. It will be of a very high calibre and high quality and I will invite him at the very earliest opportunity to come and view it with us.

- LANDFILL SITE

Mrs. Grier: I have a question for the Minister of the Environment concerning the C. H. Lewis (Lucan) Ltd. landfill site near the village of Lucan.

As the minister is aware, that dump site has been operating in contravention of the conditions of approval set by his ministry, according to a certificate of approval issued in January 1972. Is the minister aware that the dump was registered to receive the waste from 5,000 people in three communities and it is now receiving the waste from some 16,000 people in many more communities, including London township, Lobo, the University of Western Ontario and the Ipperwash army base?

Hon. Mr. Bradley: I am aware that is the case. It was brought to my attention by individuals who reside in the area when I was at an environment conference late in November or early December. I reviewed the case with my officials and I am not satisfied the dump is operating appropriately. As a result, I have given the company six months to clean up its act. If it does not clean up its act, that is it.

Mrs. Grier: Mr. Speaker, I am glad you did not rule my question out of order because my question was an extract from Hansard.

Interjections.

Mr. Speaker: Order. I ask the member to wait for a moment so the question can be heard.

Mrs. Grier: My original question is taken verbatim from Hansard on June 21, 1983, at which time it was asked by the member for London Centre (Mr. Peterson).

I am not satisfied by the fact that the present Minister of the Environment has allowed this dump, which has been continuing since 1972, to

continue for another six months. Given that the Environmental Appeal Board ordered the dump closed in 1984 and expressed bewilderment at the fact that waste management regulations are ignored by the company and the Ministry of the Environment and that the applicant, through continuing appeals, has been frustrating this closure—

Mr. Speaker: Question.

Mrs. Grier: —why has the minister not ordered this operation to obey his laws?

Hon. Mr. Bradley: As the member is aware and has aptly stated—and I do not want to hear any other interjections from over there—it is an unsatisfactory situation. We run into this in many cases in Ontario and attempt to get these cleaned up as soon and as practically as possible. The period of six months will permit the company to come into compliance with the regulations of Ontario. If it is not in compliance at that time, then as I said, that is it.

RED MEAT PLAN

Mr. Stevenson: The Minister of Agriculture and Food will remember that as opposition critic he stated on a number of occasions that stabilization would just stabilize poverty. As minister, he has now made that a self-fulfilling prophecy. With more than \$200 million in new programs in the past six months in Alberta and with payouts in excess of \$200 per head in Saskatchewan and more new programs on the way, how is he going to help Ontario farmers compete, now that he has handcuffed himself as he has?

Hon. Mr. Riddell: If I have handcuffed myself, I want to let the member know five other provinces have now signed the tripartite agreement.

I have said on many occasions the time has come for us to stop the balkanization of this country by every treasury trying to outdo other treasuries in subsidizing the farmers.

I felt the need to get a stabilization program in place, knowing full well that when I did, the other provinces would be very quick to react, because if they did not they would not receive a federal stabilization payment of any kind. As I said, five provinces have signed. Once again, Ontario took the lead. It will not be very long before all the other provinces are in the program.

Mr. Stevenson: The minister is correct in saying the other provinces have signed, but they have signed in areas where they have basically no programs. Any province with a rich program has

not signed in those areas. Ontario farmers have fallen further behind in the war of the treasuries in the last six months than in any other six months in the history of agriculture in Ontario. In the light of the new programs the government continues to bring forward, what is the minister going to do to help the farmers of Ontario in 1986?

Hon. Mr. Riddell: Nearly every day I receive letters and telephone calls from farmers saying the Ontario family farm interest rate reduction program is the best program any government has introduced in this province. I happen to have some of those letters with me. I would be only too happy to read them, but I will not take the time.

The honourable member says it is only those provinces that have not subsidized their farmers to any great extent which have signed the agreement. Once again, the member is wrong. Alberta subsidizes its farmers to a greater extent than Ontario does, and Alberta has signed the red meat agreement as it pertains to beef, pork and sheep.

Mr. Swart: Recognizing the value of tripartite and some of the dangers involved if we do top up, why does the minister not make retroactive stabilization payments to the farmers of this province to make up for what the Conservative government did not do while other provinces were making their payments, and to make up for what he has not done since his government—

Mr. Speaker: Order. The question has been asked.

Hon. Mr. Riddell: It would cost not only millions of dollars but also billions of dollars if this government were to make up for the past neglect of the Conservative government. We simply do not have that kind of money, nor do we think we should be saddled with the responsibility of covering up for any kind of neglect by the previous administration over the past 42 years. Since we formed the government, we have introduced a number of programs which the farmers of Ontario say are the best programs they have seen any government introduce over the past 42 years.

—CHEMICAL SPILL

Mr. Charlton: I have a question for the Minister of the Environment. In response to questions last week regarding the mishap at the Chipman chemical plant in Stoney Creek, he stated quite clearly that some aspects of the governmental and ministry response to a crisis situation were unsatisfactory, especially the response of his own ministry. Can he detail for

the House what steps he is taking to ensure responses in the future are much more acceptable than those we saw last week?

2:50 p.m.

Hon. Mr. Bradley: It is a fair question. We have done a number of things, which I have discussed very briefly with some of the members of the House.

First, the assistant deputy minister, who is the top person in the operations, is looking at the response time of the spills action centre to iron out any of the wrinkles there and streamline the system so it operates in an appropriate fashion. In this case, it is my belief it did not.

Second, we are aggressively seeking to pinpoint what specific problems existed in the plant. As the member knows, there have been problems on three occasions in the last year or year and a half. We want to pinpoint those problems and make any changes that are called for. That involves having officials of the Ministry of Labour and the Ministry of the Environment go into the plant, as I understand they are today, and go over it with a fine-tooth comb to see that the operations there are such that it is unlikely another occurrence is going to take place.

In addition, I will be meeting with the chairman of the regional municipality of Hamilton-Wentworth, Mr. Sears, and with Mayor Napper of Stoney Creek, to discuss the problems from their perspectives. I have also chatted informally with some of the members from the area and indicated I would like to meet with them to get their perspectives on what did not go right and how it can be improved.

I do not know how long the Speaker will let me go on, but there are a number of things we would like to—

Mr. Speaker: Until now.

Mr. Charlton: The minister is obviously aware of a fairly broad range of public concerns that have been expressed since the incident. I think he is also aware of the Stoney Creek council's demand for a public inquiry into the whole matter. Is the minister prepared to support and commit himself to a public inquiry so all the input that is useful in this kind of situation is heard in the process of trying to fix the problems in the response system?

Hon. Mr. Bradley: Many of the things I have mentioned are actions that will be very helpful in this regard. Ministry of Health, Ministry of Labour, Ministry of the Solicitor General and Ministry of the Environment officials and munic-

ipal officials will be meeting to see what problems we can iron out with regard to the total response that took place.

With regard to a mechanism to allow input from the public, I would like to develop that. I do not know whether a public inquiry is that mechanism. Through the political representatives in the area, officials and those in the public who have expressed concern, I invite people to pass those concerns along to me so I may address them. I think the member for Wentworth (Mr. Dean) raised some good issues the last time he raised this matter in the House.

Mr. Dean: Following up on the response of the minister, not only today but also on Thursday when this was first raised, I am still very much concerned. I hope he has had an opportunity to deal with the issue of having proper monitoring equipment available to assist the emergency people decide what concentration of impurities there is. What can the minister tell us about that this week?

Hon. Mr. Bradley: I think the member identifies a problem that exists in a number of jurisdictions. The information I had when this matter occurred was that there is not a vehicle or machine in the world of the kind he and I anticipated there might be in existence that can actually do emergency monitoring. Nevertheless, I have had our officials make inquiries in North America, Europe and Asia to determine whether such a machine exists, even a modified form of machine, that could respond on what I would call an emergency basis.

People want to be assured there is such a machine. The one we have now has to be calibrated, it has to be set up, and it is the only one in existence at this time. It is normally used for routine monitoring of air quality.

The member identifies a concern I have. As a result, our ministry is looking around the world at major manufacturers and checking with other governments to determine whether there is a machine that is better. I think the cost of the one in existence now is \$1.3 million and it is not what we would call an emergency machine. We are looking into that. I think the member has identified a real problem.

MULTICULTURAL POLICY

Mr. Leluk: I would like to ask a question of the first Minister of Citizenship and Culture. Given the fact that her leader has said her party is the author of the philosophy of multiculturalism, will she please explain to the House why she organized to defeat a motion put forward by her

auxiliary minister at this past weekend's Liberal convention in Windsor? Are we in this House to assume the Liberal Party is trying to jeopardize the importance of multiculturalism in this province?

Hon. Ms. Munro: Like many of the other ministers, I was part of the panel of representatives at certain policy workshop sessions. The discussions were very good with respect to the pros and cons, not only of whether we should have a separate ministry but also whether the government was doing things to revise the multiculturalism policy.

At the life resources policy session, I said I thought the discussions were good. The motion put forward for a separate ministry of multiculturalism was voted down in the session I attended, and that was the voice of the people. After that session, I talked with many people about what we should be doing to recognize multiculturalism policy. I do not perceive any split between the Minister without Portfolio (Mr. Ruprecht) and myself or this government on the importance of multiculturalism policy.

Mr. Leluk: Will the minister indicate to this House why the Liberal Party of Ontario this past weekend accepted the motion of her auxiliary minister to create a separate ministry of multiculturalism, which later in the same day was defeated by a motion brought forward by herself?

Hon. Ms. Munro: I am not aware—
Interjections.

Mr. Speaker: Order. I cannot hear. Did the minister say he had a point of order?

Hon. Mr. Ruprecht: Yes.

Mr. Speaker: Test me.

Hon. Mr. Ruprecht: I wish to address my point of order to the member for York West (Mr. Leluk).

Mr. Speaker: Order. An honourable member cannot address a point of order to another member. I am not sure what the point of order is.

Hon. Mr. Ruprecht: The point of order is about false information. The member has accused me of making a motion—

Mr. Speaker: Order. That is not a point of order; it is a point of view.

Hon. Ms. Munro: The Minister without Portfolio did not put forward the resolution. The resolution came from the ridings. The minister was present at that morning session, as I was. The way in which policy sessions are run in this government and for our Liberal policy caucus is

to ensure that everyone carrying membership can attend more than one session.

I think what the member for York West saw happening at that convention was room for everyone to talk about and discuss how important multiculturalism is to this government. The question was fully discussed. It is clear that multiculturalism is very important to our membership and to the people. The question was whether there should be two separate ministries and that has not resulted.

Mr. Grande: Is the Minister of Citizenship and Culture of the opinion that a ministry of multiculturalism should be set up in Ontario?

3 p.m.

Hon. Ms. Munro: This government is in the process of looking at that question. What we are more interested in is whether this government reflects the true reality of the multicultural nature of the province. Setting up a separate ministry of multiculturalism that will respond to the kinds of questions of importance to multicultural people is not what we are looking at.

What we as a government are trying to do is to review the current policy and take a look at programs and services as they relate to the articulated needs of our multicultural and ethnic groups. Having also asked interministerial committees whether they are inputting into the reality of the multicultural question, we will make very slow and careful steps forward in policy reforms. Whether a separate ministry of multiculturalism fits this province is a decision that is way down the line. We are taking a look at whether—

Mr. Speaker: Order. New question.

INSURANCE RATES

Mr. Wildman: I have a question for the Minister of Consumer and Commercial Relations. Is he aware that the township of Laird in my riding this year has no insurance for liability claims against the municipality related to pollution and yet, despite this new exclusion and lack of coverage, the premium for insurance for the municipality has increased by 95 per cent? Is the minister concerned about this type of exclusion of coverage for pollution claims against municipalities?

Hon. Mr. Kwinter: I am very concerned about all the problems the municipalities are having. That is why I have appointed a task force to take a look at it.

Mr. Wildman: That is not good enough. The minister keeps saying there is insurance available. Will he now agree that, besides rate

increases in this province, the major problem facing municipalities and other public bodies is the refusal of the insurance industry to provide certain types of significant and important coverage for liability claims?

Can the minister assure us he will investigate to determine how widespread this problem is and how many municipalities with landfill sites and others are not protected against possible claims related to pollution?

Hon. Mr. Kwinter: I can give the honourable member my assurance I will investigate that. However, in conjunction with a question asked earlier, I should also say that to my knowledge there is insurance available for every risk, albeit at a higher cost.

Last week I said that, and I had one exclusion; I said there was a particular problem, and I can now tell the members that even that one has been looked after. Our market assistance program is working. We are finding insurance for anyone who requires it, albeit at higher rates, I say again, but we are addressing that as well.

Mr. Grossman: I wonder whether the minister had the opportunity to listen to Metro Morning today when Jack Lyndon, the spokesperson for the insurance industry, pointed out that all these problems were first flagged by the industry eight or nine months ago, I think he said.

In view of his suggestion that he told the minister and his people about it eight or nine months ago, can the minister explain why it was not until a couple of weeks ago that he appointed the task force to solve these kinds of problems?

Hon. Mr. Kwinter: That is an interesting question. I discussed that exact question with my counterpart in Ottawa, the Honourable Barbara McDougall. Her response to me was that this question was flagged, not seven or eight months ago, but two or three years ago, that the industry had warned this was coming.

One of the big problems we have had is that, notwithstanding the fact we knew it was coming we did not know in what magnitude. What has happened is that, unfortunately, there is a juxtaposition of the reinsurers' treaties coming due at the end of the year and the insurance policies of municipalities and other groups coming due at the end of the year. Now that we know the magnitude of the problem, we are dealing with it and we are solving it. I am quite confident we will solve it.

SMALL MARINA EXPANSION PROGRAM

Mr. Harris: I have a question for the Chairman of Management Board. The minister

will be aware of the small marina expansion program, which was approved last spring. It was given initial startup funding of \$1 million. The industry was invited to participate.

I am sure the minister will know the response to this exciting new program was tremendous, to the extent that ministry staff now estimate several million dollars will be required to fund pending and anticipated applications. Despite this response, not one cent of this funding has flowed to the small marina operators since the Liberal government assumed office. Can the minister explain why her government appears to have quietly killed this program?

Hon. Ms. Caplan: Is it the small marina program? That was reviewed. As I understand it, the funding was made available. That program was under the Ministry of Industry, Trade and Technology, and I refer it to the minister.

Mr. Harris: Perhaps I can refresh the minister's memory. The Chairman of Management Board of Cabinet, as I understand it, either cut the program or cancelled the \$1-million funding. The small marina expansion program was under the Ministry of Natural Resources (Mr. Kerrio) has not brought this to the minister's attention, perhaps weekly if not daily.

Will the minister answer, by way of supplementary, whether the Minister of Natural Resources has ever brought it to her attention; and if he has, why has she cancelled the funding for this program for the thousands of small marina operators across Ontario?

Hon. Ms. Caplan: I recall that this program was reviewed, and I will be pleased to report on the state of that program tomorrow.

TABLING OF INFORMATION

Mr. Timbrell: On a point of order, Mr. Speaker: You will notice that in the course of question period today, several ministers indicated they were going to take questions as notice, including the Attorney General (Mr. Scott). I seek your assistance to ensure that when the ministers do respond, given that they seem to be given to lengthy answers, they are in the form of ministerial statements and not taking up the time of a subsequent question period.

Mr. Speaker: The member for Don Mills knows the standing orders state that if it is a lengthy answer, it should be given at that time.

Mr. R. F. Johnston: On a point of privilege, Mr. Speaker: I want to apologize for taking longer than I should have with my question. I

wish I had heard you calling me to order more directly. You should be firmer with me.

Mr. Speaker: I will speak more like the Minister of Agriculture and Food (Mr. Riddell) and the member for Welland-Thorold (Mr. Swart) after this.

PETITION

URBAN TRANSPORTATION DEVELOPMENT CORP.

Mr. Hennessy: I have a petition to the Premier of Ontario. It reads as follows:

"Support Can-Car Employees.

"To support the protection of jobs of Can-Car Rail in Thunder Bay, I strongly protest the proposed sale of Urban Transportation Development Corp., Can-Car Rail, and would urge the provincial government to reconsider the proposed sale to Bombardier or others."

3:10 p.m.

ORDERS OF THE DAY

EDUCATION AMENDMENT ACT (continued)

Resuming the adjourned debate on the motion for second reading of Bill 75, An Act to amend the Education Act.

M. Guindon: La tâche du député est parfois délicate et difficile. Il y a d'autres moments, au contraire, où elle est, comme aujourd'hui, particulièrement agréable. Depuis neuf mois environ à maintes occasions j'ai eu l'honneur insigne de m'adresser en français dans l'enceinte de cette Assemblée législative. Chaque fois je ressentais une vive émotion devant la gentillesse de mes collègues anglophones, qui m'ont toujours prêté une attention délicate.

Il suffit de retourner quelques années pour se convaincre que la langue française à l'époque était soumise à la courtoisie, à la tolérance et à l'approbation du président de la Chambre et de ses députés. En d'autres termes, la langue française n'avait aucun droit de cité.

C'est donc avec une double émotion que je prends la parole aujourd'hui quand je constate les progrès accomplis durant les dernières années. Non seulement la langue française est-elle devenue langue officielle dans nos délibérations quotidiennes, mais elle devient un véhicule d'expression de tous les partis politiques.

Je veux aussi profiter de cette occasion pour féliciter le ministre de l'Éducation (M. Conway) pour s'être lui-même adressé à cette Législature dans la langue de Molière.

I am delighted to participate in this debate. I urge all members of the House to support Bill 75. I wish to record the gratitude of all Franco-Ontarians to the previous Minister of Education, the member for St. Andrew-St. Patrick (Mr. Grossman), and the present Minister of Education, for bringing this bill forward. I also congratulate members of the ministry and many others who I know have worked hard and diligently on this bill.

This government's ultimate objective, now within our grasp, is to assure every Franco-Ontarian student the opportunity to be educated in his mother tongue from kindergarten through university and beyond.

I must commend previous Premiers and governments of Ontario for having encouraged the use of French in the province by extending French-language services, through most of the ministries and other governmental services, in areas of the province where the use of French is substantial.

On behalf of the French-speaking minority of this province, I wish to commend the government of Ontario for programs and policies that enable French-speaking people to participate more fully than ever before in the growth and development of this great province of ours.

I know there are those within this province who are most unhappy with the measures I have just mentioned. Some are unhappy because they feel the program does not go far enough and others because they feel the government has already gone much too far. One cannot overemphasize the importance of moderation at this period in our history.

Legislation by itself cannot solve all the problems facing modern society. We cannot legislate away all the problems related to communication between races and cultures. As a Conservative, I understand and accept the pragmatic view that governmental action and legislation can increase understanding, tolerance and goodwill.

As an example, the Criminal Code demands that we respect the law, but it cannot abolish crime. The Ontario Human Rights Code can teach us tolerance towards our fellow man, but it cannot totally eliminate discrimination. However, governments can and should accept responsibility in the area of communication among its people.

Les progrès réalisés ces dernières années sont indéniables et ils laissent présager un dénouement heureux. Faut-il mentionner aussi la part plus large que l'on a faite à l'enseignement du

français dans les écoles de l'Ontario. Faut-il rappeler dans les divers ministères le progrès des services en français, ce qui n'existait pas auparavant.

Loin de moi l'idée de prétendre qu'il ne reste plus de chemin à faire; bien au contraire. À peine a-t-on taillé une brèche dans la muraille et il faudra constamment préserver et donner à la culture et à la langue françaises la place qui leur revient au Canada et en Ontario.

La gestion scolaire, le projet de loi 75, ça donne nos droits. La bataille n'est pas terminée, mais l'article 23 garantit aux Franco-Ontariens la gestion dans leurs écoles.

Si je peux prendre quelques instants pour parler un peu de mon éducation et de ma chance lorsque j'étais plus jeune, je peux commencer à un petit village dans le comté de Glengarry dans le canton Kenyon qui s'appelle Apple Hill. C'est là où j'ai été élevé et j'ai fait mon école élémentaire jusqu'à la huitième année avec une demi-heure seulement de français par semaine pour commencer et une demi-heure par jour pour terminer.

On rira après ça que quand je suis arrivé à l'école secondaire, pensant que j'étais très capable de m'inscrire à un cours classique, il faut dire que ça n'a pas duré longtemps, le cours classique. Avec une demi-heure de français par semaine puis par jour, on n'a pas été bien loin avec ça. Donc, j'ai été obligé de suivre un cours secondaire à Montréal pour améliorer mon français.

Cela, c'est juste pour dire qu'aujourd'hui, ça ne devrait plus arriver. Avec l'article, et le projet de loi 75 en plus, je suis certain que tous les francophones de la province de l'Ontario vont avoir l'occasion d'avoir leur éducation en français de la maternelle jusqu'à la 13e année, sinon jusqu'à l'université.

Je dois aussi faire la remarque que lors de mon éducation secondaire à Cornwall on avait trois écoles secondaires françaises privées parce que le gouvernement de l'époque ne laissait pas aux francophones l'occasion d'avoir leurs écoles secondaires. Mais petit à petit, ces trois écoles—je dois les nommer: on avait le Couvent Ste-Croix, l'Académie St-Michel et le Collège classique—ont été obligées de fermer leurs portes tour à tour, premièrement parce que les fonds venaient des gens de la région en plus des taxes scolaires qu'ils payaient. Ils avaient leurs taxes séparées à payer en plus, et en plus ils ont essayé de supporter trois écoles secondaires franco-phones.

Avec le temps, une à une, elles ont disparu. La première raison est leur état financier. La deuxième raison est que les prêtres et les sœurs qui se dévouent à le faire ont été refusés d'être accrédités par le gouvernement. Peut-être qu'on peut dire qu'il avait raison à ce point-là, mais il n'a certainement pas aidé au plus haut degré.

Il faudra aussi demander au ministre et au ministère de bien voir à ce que l'Association française des conseils scolaires de l'Ontario et aussi l'Association des enseignants franco-ontariens soient bien informées et qu'elles aient l'occasion de participer aux délibérations.

Aussi faudrait-il faire mention des universités francophones qu'on a eues, l'Université d'Ottawa et l'Université de Sudbury, qui ont travaillé d'arrache-pied pour venir à bout des quelques francophones qui pouvaient y aller.

Pour terminer, Monsieur le Président, je vous remercie de l'occasion que vous m'avez donnée aujourd'hui et j'aimerais en même temps féliciter le gouvernement du jour pour avoir déposé le projet de loi 75.

3:20 p.m.

Mr. Reyecraft: I am pleased to rise today to make these remarks on behalf of the Minister of Education (Mr. Conway). The minister is not with us today because he is attending a meeting of the Council of Ministers of Education of Canada in this city.

As I conclude debate on Bill 75, I would like to address some of the concerns that have been raised by my honourable colleagues during the debate. First, however, I will remind the House of some of the history of Bill 75, legislation guaranteeing minority language governance of education.

As the House will know, the previous administration introduced two governance bills, the most recent of which is Bill 28, introduced last June. This government withdrew that bill in July on the basis that it could be improved following further consultation with the francophone community and other interested groups.

We consulted widely. Before introducing this bill, we consulted the francophone community as well as our colleagues on the other side of this House. All the input we received proved to be very helpful.

Le projet de loi 75 démontre l'engagement de ce gouvernement au sujet de la gestion scolaire dans la langue de la minorité, généralement la langue française, de répondre à la décision prise par la Cour d'appel de l'Ontario au mois de juin 1984, qui accorde aux Franco-Ontariens le droit exclusif de gérer leurs écoles et leurs classes.

I am sure the last sentence would bring a smile to the face of a lady named Marion Wilson who laboured for a number of years at Glencoe District High School to try to equip me with some working knowledge of la langue française. I hope I have not disappointed her.

Bill 75 does a number of things. It provides interim and long-term measures; the interim to take effect in January 1987 and the long-term to take effect at the 1988 school board elections. Boards that buy minority language education will have advisory committees. Boards that operate schools and classes in the minority language will have education councils in the short term and French-language sections in the long term in 1988. In both cases, these bodies will have qualified trustees with proportional representation and exclusive jurisdiction.

In responding to some of the points raised during this debate, I would first like to thank my colleagues for their comments.

The member for Scarborough Centre (Mr. Davis) was most generous with his commendations, which the government much appreciates. I would like to assure him further that he, his colleagues, the educational community and all other interested parties will have ample time to address this bill after second reading before the standing committee on social development. It has been the government's intention from the outset to provide that opportunity.

The member for Scarborough Centre raised several questions I would like to address specifically. He anticipates difficulties in enumerating the francophone community. We will be electing those with section 23 rights, so the challenge before us is to educate the public regarding that section of the charter. Preliminary discussions have already taken place with Ministry of Revenue staff concerning the implications Bill 75 will have for the enumeration process.

The member also raised questions about the role of the chairmen of French-language advisory committees in their expanded profile. While the government cannot endorse placement of the FLAC chairman on another board, there may be merit in the suggestion by the member for Hamilton West (Mr. Allen) that there be greater liaison between the FLAC of the board or boards purchasing education and the board offering the programs.

The member raised another question that was echoed later by his colleague the member for Cochrane South (Mr. Pope) about the relationship between Bill 75 and French immersion classes. As we interpret the bill and the charter,

there is no relationship because the bill deals with French as a first language and immersion offers French as a second language.

As for the member's concern that some trustees will see the French-language panels as an intrusion by the minority, I remind those trustees of the June 1984 court decision that stipulated Canadian citizens with section 23 rights have the right to manage and control their own French-language classes and their own facilities.

The member suggests that perhaps the minister and his staff have not adequately considered the combined impact of Bill 75 and Bill 30, the legislation to complete the public funding of the separate secondary school system. I would like to take issue with that statement because a great deal of consideration has been given to the combined effect of these bills. The relationship between the two bills and the combined impact of them was a subject of much discussion when the social development committee held hearings in Ottawa this past summer.

One of the reasons Bill 28 was withdrawn by the minister was his concern that it had not been considered in the context of extension. Throughout the development of both bills by this government, serious consideration was given to the relationship. Further study will be pursued when the standing committee's recommendations on both bills are received.

I note with interest the member's questions regarding Ottawa-Carleton and the government's intention to establish a French-language board in that region. He may be assured the committee established by the minister will thoroughly study and make recommendations on the matters he raises, including the impact on the region's existing boards.

It is also interesting to note his request, and that of other members who have contributed to this debate, that the government consider establishing French-language boards elsewhere in the province. I will repeat the government's policy on this matter. There is no intention to establish them in any region but Ottawa-Carleton, which is uniquely suited to the creation of such a board because of its population, character and community support of the concept.

Moving to the member's concern about Metropolitan Toronto, ministry staff and Metro school board officials have held discussions regarding alternative approaches for the provision of governance. All those involved have indicated a willingness to co-operate in finding a feasible approach. Further discussions will be held involving others in the educational commu-

nity. In the future, the government will bring forward amendments to Bill 75 to implement the legislation's principles within the Metro school system.

In response to the comments of my colleague the member for Hamilton West, I would like to thank him for his kind words and his support of Bill 75. As I have indicated, the government is prepared to consider his suggestion that there be liaison between the French-language advisory committees and the sections of the boards providing French-language programs. As for the member's concern that Bill 75 does not address the financial operations of boards, the ministry is exploring the practical applications of the budgeting and revenue allocation provisions of the bill.

Moving to the concerns expressed by the member for Cochrane South, I would like to clear up his confusion over the where-numbers-warrant provision that is not part of this bill. While section 23 of the Charter of Rights and Freedoms includes this proviso, it is not in this bill because it also does not apply to the section of Ontario's Education Act which gives the right of an education in the French language to every child whose parents have section 23 rights. If it does not apply to the right to an education in the French language, it is logical it should not apply to governance.

To my colleague the member for Lake Nipigon (Mr. Pouliot), who rightly pointed out this bill was introduced in English, I offer by way of explanation that, because the Education Act was adopted in English by this Legislature, amendments to it are introduced in English. However, a French translation of the bill is available and steps have been taken to ensure all French-speaking members of the Legislature receive a copy of the bilingual version of Bill 75. I am not sure whether that has been executed. I trust those members have received the bilingual copies.

I would also like to thank the member for Stormont, Dundas and Glengarry (Mr. Villeneuve) for his remarks. I understand his concern regarding the establishment of French-language boards in other areas of the province. I refer him to my earlier comment that it is not the government's intention to proceed in this manner at this time.

In closing, I would again like to thank all members for their contributions to the debate, including the member for Cornwall (Mr. Guindon). I will read his comments very carefully on another day. Due to the fact his speech is faster

than my translation, I am not prepared to comment on those remarks at this time.

This very important bill represents a strong beginning in guaranteeing Ontario francophones the governance of education in which they are entitled. On behalf of the minister and the government, I thank members for their input and look forward to their further support and contribution as the bill proceeds to committee.

Motion agreed to.

The Deputy Speaker: Bill ordered for standing committee on social development.

3:30 p.m.

Mr. McCague: Mr. Speaker, on a point of order: before the member's motion gets on the record, was it the general government committee or the social development committee? I understood it was general government.

The Deputy Speaker: I believe the parliamentary assistant said the social development committee.

Mr. Reycraft: That was the advice I received from officials within the Ministry of Education.

The Deputy Speaker: Are you in concurrence or otherwise?

Mr. Reycraft: I am getting a confused response.

Mr. Timbrell: When the House leaders last met we were looking at the distribution of work among the various committees, trying to relieve some of the pressure on social development. I thought we had agreed this bill would go to the general government committee. If I may suggest, in a similar situation last week it was left until the House leaders could chat later in the day.

The Deputy Speaker: It can be changed later, but the House leaders' agreement is really not binding upon the Legislature at all. Since the parliamentary assistant has the right to indicate to which what committee it will go, we will leave it that way unless there is an agreement to change later.

Mr. Reycraft: I have received some further advice that indicates that indeed was the agreement. I am prepared to change the motion if that is acceptable at this point.

The Deputy Speaker: It is not a motion. If you wish to indicate the general government committee, that is fine. Is that correct?

Mr. Reycraft: I would like to do so, Mr. Speaker.

Bill ordered for standing committee on general government.

HEALTH CARE ACCESSIBILITY ACT (continued)

Resuming the adjourned debate on the motion for second reading of Bill 94, An Act regulating the Amounts that Persons may Charge for rendering Services that are Insured Services under the Health Insurance Act.

Mr. Gregory: Thank you, Mr. Speaker, for allowing me to take part in this debate. I did speak for about 15 minutes on Friday. I will try not to be repetitious, although the members in the House to my left and opposite are different from the members present on Friday, so perhaps I should repeat what I said to make sure they do not miss it.

Interjection.

Mr. Gregory: The member will not walk out on me as some of his members did the other day.

I want to make the point I made on Friday because it bears repeating. It is important that our doctors be regarded as self-employed professionals as opposed to being civil servants, which they would virtually become under this new system. That is not in the best interest of the doctors and I am not convinced it is in the best interest of their patients. Patients' regard for their doctors, their relationship with their doctors has been on a similar basis as that with a priest or minister or any other close adviser; and in many cases a school teacher.

I shudder to think what is going to happen by doing things such as this, when we ease towards the system as we know it in Britain. That has been largely a shambles. We have heard many horror stories, including the excerpt from the Toronto Sun about a lady and her son that I mentioned and that some people thought was a joke, but I will not go into that again. It was no joke. Things such as that are happening. The waiting lists for people to see their doctors and specialists are horrific.

We know many doctors left Britain to come to Canada expecting better things and, lo and behold, they are going to be treated to a little of the same. A doctor is not going to be allowed to charge the extra to which he feels entitled because of his professional skills and services. He is no longer going to be able to do that.

I found interesting today's discussion on the closing of the faculty of architecture at the University of Toronto. The first thing that crossed my mind was that it does not matter anyway, because after the students graduate as architects, the next thing they will find is that my friends across the way will be telling them how

much they can earn. That may sound far-fetched, but I think we are on the slippery slope of starting to control the incomes of professional people. I find that unsavoury.

I am not suggesting for one minute that gouging should be allowed to take place. There has been no evidence it has taken place, no evidence whatever that doctors in Ontario have been gouging their patients. They have been extra billing and have been required to notify their patients that they will be extra billing. Patients can choose to accept that or to go to another doctor. Mind you, there are some exceptions. In certain remote communities that choice may not be there, but one does not kill a fly with a sledgehammer, as we seem to be doing here.

The way in which the Ontario health insurance plan works makes sense to me. We are going overboard to deal with the small number of doctors who have opted out and the even smaller number who extra bill. We are doing something it is not necessary to do. It has been said we are focusing all our attention on this matter of extra billing by physicians while totally ignoring the plight of hospitals.

It has been pointed out that the problem with health care is lack of funding for the hospitals. That may or may not be true; we faced the same sort of question when we were the government. If it is true, however, or until we find out whether it is true, why are we doing this? Why are we hitting at this one aspect of health care?

The doctors are quite pleased with the present system. That is not to say they are all making more money because of it, but they did agree to join our health plan because they had the right to opt out and that is now going to be taken away from them. That right to extra bill is going to be taken away. Despite his years of service or the skills a physician or specialist has, he will be one of a number of doctors. In other words, everybody will be paid the same thing.

If we take away the right doctors now have, then we are going to see a series of change rooms in every doctor's office. The doctor will probably increase the number of change rooms when he can get the space. He will channel people in and out of there as in a stockyard, filling up the rooms and making a quick visit. After all, I guess a doctor can earn—how much is it they earn? Is it \$7.50 a visit? I do not know. It is such a wonderful system, I have never seen a bill. They are automatically paid. I do not have a doctor who overbills or extra bills.

3:40 p.m.

They are going to have a series of change rooms. They will put people in and say: "Take your clothes off. I will be back to see you in a minute." They will come back for two minutes and will have earned their fee. That is not the kind of system we should have.

The system as it is now is one in which a person can visit a doctor to be examined and the doctor has the time to sit down with him and chat about his problems. We are inviting doctors to do away with that system by telling them they cannot afford to do it; they have to see twice or three times as many patients to make the money they made before.

We are not talking about a group of people who are making millions. I do not know whether these figures are true, but I understand the net income of doctors in Ontario, after expenses and before taxes, is about \$60,000 a year. I do not know how accurate that is, but on the average it could well be right on. I do not think that average for that professional class, when we compare it with what we unskilled people in the Legislature make, is very far out. Perhaps it is a little low and it should be more.

Another argument is that the doctors are not taking advantage of the public under this system. The number of doctors who are opted out is decreasing and has been decreasing steadily, from 18 per cent in 1979 to 13 per cent in 1984. This does not sound to me like a runaway situation in which the doctors are clamouring out the door and opting out of the system. They are not doing it; it is decreasing. They are learning to live within the system.

Fewer than five per cent of the total claims processed by the Ontario health insurance plan are for services performed on an opted-out basis. It does not seem like the crashing problem it is being made out to be. It is more political in its nature; it is being done for political reasons. It looks good to say, "We, the new open government under Premier Peterson, are ready to do right by the people of Ontario." They are making it look marvellous, a great big piece of legislation, because it is sexy, very attractive and will get votes.

Mr. Villeneuve: Confrontation.

Mr. Gregory: Confrontation, right. Actually, they do not care over there about declaring war on the doctors. They know there are fewer doctors than there are voters. They would rather tackle them than stand up and tell the people—

Mr. Callahan: I thought it had broad support before. I thought everybody was in favour of it.

The Deputy Speaker: Order.

Mr. Gregory: I am surprised I have not heard from the member for Brampton (Mr. Callahan) before now. I thought perhaps he had had a stroke; his eyes were closed.

The Deputy Speaker: Perhaps you will address the chair and we will not hear from him with interruptions again.

Mr. Gregory: I will address you then, Mr. Speaker. I thought the member for Brampton had gone to sleep, because he had not said anything up to now and it is unlike him.

Mr. Baetz: He was talking in his sleep.

Mr. Gregory: I guess that is what he was doing, because he made about as much sense as if he had been asleep.

I will get back to the principle of the bill. Many doctors have opted out of OHIP and have not charged extra. They opt out of it on principle. They have a principle. The doctors are a very principled group, and they do not agree that they should be told they cannot charge a certain amount. I can understand that.

Again I find it hard to believe that the great Liberal Party of Ontario has turned its back on free enterprise. I find that too difficult to believe. To think that the people over there, whom I think a great deal of, were once free enterprisers; but, of course, when one has to live by an accord—

Mr. Epp: Tell us about free enterprise and Suncor.

Mr. Gregory: The member for Waterloo North is reaching way back. If his government does not like it, why does it not sell it?

The Deputy Speaker: Order. The member for Mississauga East should carry on with his discussion on Bill 94.

Mr. Gregory: Mr. Speaker, they are picking on me over there.

The Deputy Speaker: Please disregard the interjections.

Interjections.

The Deputy Speaker: Order. The member for Mississauga East has the floor.

Mr. Gregory: That is right. Thank you, Mr. Speaker. I am so glad you are able to get things under control when the rabble persist in interrupting when I am speaking. I do not appreciate being picked on like this.

Mr. Warner: Why would anyone pick on the member?

Mr. Gregory: I do not know. At any rate, where was I? I am having trouble getting back to

my point. I will have to start from the first because I have lost my place.

Mr. Lane: Start over again.

Mr. Warner: Don't start over; I give up.

Mr. Gregory: I think I will.

We were talking about principles. That is something the members opposite do not know a great deal about. At any rate, the doctors take their position on the basis of principle. Historically, they have been used to making arrangements with their patients without having to be told what they must charge for their services. It is unfortunate. After the many bad experiences we have seen in some countries that have done this sort of thing, we in Ontario should have been a little more enlightened than to fall into the same mess.

Mr. McGuigan: The government should.

Mr. Gregory: The present government should have. We obviously were aware of those situations when we were in government.

Mr. Villeneuve: Nobody cares for the patients.

Mr. Gregory: Nobody cares for the patients. All they care for are bureaucrats and votes. Votes are more important in their minds than patients. To be able to say, "We are the party that eliminated extra billing" is a very good issue, but it is a lot of smoke and mirrors because there is not that much in it.

There are horror stories, and we have all heard them. We have heard about the patient who goes in and on the operating table is informed by the anaesthetist that it is going to cost extra. We know that happens, and in such cases that the doctor should be charged when it happens.

Mr. Callahan: What about the guy on the table?

Mr. Gregory: I dare say that at that point any anaesthetist—I do not care who he is—would perform his duties like the professional he is. I am talking about the settlement of the bill. If that actually occurs and he is on the operating table, it is in front of witnesses. A doctor should be prosecuted if he does that. Why does the government not do it the right way by prosecuting doctors who do such things? They are few and far between. We always hear about the ones that happen. Will the member grant that?

Mr. Callahan: I agree with that.

Mr. Gregory: As a lawyer, will the member tell me whether doctors should be presumed innocent until proven guilty? Is that fair, or has that system changed over there too?

Mr. Callahan: I agree with that.

Mr. Gregory: I like to think the doctors are innocent and are professional in their approach to these things. They are not deliberately gouging anyone. We hear stories where they do, but we do not hear much about the doctor who, when approached by a patient who says he cannot afford to pay that much, says he will do it anyway. There is a lot of that too, more than there is gouging.

What are we doing here? We are firing off a cannon and we are going to get them all. The government is going to get everybody with its big cannon blast. That is not a responsible way of approaching this very serious subject. I think the member for Brampton totally agrees with what I am saying. I think I have him convinced.

The option of opting out also gives a physician a way to deal with the problems of the OHIP schedule without withdrawing his services. OHIP cannot keep up, as quickly as they come up, with the new procedures that take place every day. If a physician is using a new procedure that because of extreme difficulties or whatever would warrant additional fees, but it is not covered under the OHIP schedule—

Mr. Callahan: That is the crux of the problem.

Mr. Gregory: That might be the crux of the problem, but the problem is not the physician's fault.

Mr. Callahan: It is the fault of the OMA. They do not recognize expertise.

Mr. Gregory: It could well be OHIP, because it is a few months or years behind in recognizing these problems.

Where is the minister today, by the way? Is he away?

3:50 p.m.

Mr. Ward: On a point of privilege, Mr. Speaker: The pharmacy bills are in the standing committee on social development at this moment as well as Bill 94 being before the Legislature. The minister is in the social development committee and he has asked me to monitor the debate. I will convey these remarks to him.

The Deputy Speaker: That is not a proper point of privilege.

Mr. Gregory: I appreciate the comment of the member for Wentworth North (Mr. Ward). Of course, if I had not brought it up nobody would have said anything. However, I do appreciate the fact that he is here to monitor this debate. I know he is a much more co-operative person than the minister anyway; perhaps when I have convinced

him of the justice of my case, he will take it back to the Minister of Health (Mr. Elston) and convince him.

Mr. Breaugh: The left-wingers have started to gang up on us.

Mr. Warner: The member is starting to be nice. We are disappointed.

Mr. Gregory: I am always nice. I would like to make a point. If the members of the little red rump would listen every once in a while they would know I am nice. I would not have to tell them.

Mr. Warner: I was listening.

Mr. Gregory: But the member is surprised that I am nice.

Mr. Warner: The member surprised me.

Mr. Gregory: My wife and kids think I am nice. I turned over a new leaf when I ceased being a whip. We all know that whips are naturally nasty; it is part of the job.

Mr. Villeneuve: Do they need doctors?

Mr. Gregory: They do, and they do not mind being extra billed either. They suffer a lot; the verbal darts from the left wing here can be very damaging sometimes.

They keep disturbing me, Mr. Speaker. I keep losing my place; so I will have to go back and start again.

Mr. Lane: Start over again.

Mr. Gregory: No, no. The fact is that these new medical procedures do happen. They happen—

Mr. Villeneuve: On a point of order, Mr. Speaker: This is a most important debate; it is casting the fate of the future of the medical profession. I would like to know if we have a quorum in this Legislature.

Mr. Speaker ordered the bells rung.

3:56 p.m.

The Deputy Speaker: There is a quorum present. The member for Mississauga East may continue.

Mr. Gregory: Thank you. I am delighted to have the large numbers in the House to hear these very important remarks. I am particularly delighted to see the member for Mississauga North (Mr. Offer) decided to come and listen to my excellent speech.

Mr. Grande: The member will drive him away.

Mr. Offer: One should not assume that.

Mr. Gregory: I was just going to start talking about lawyers.

It is interesting we were talking about architects a little while ago; the next target could well be architects. Even more important, or worse, at least from the standpoint of the member for Mississauga North, it could be lawyers. Maybe the government should start talking about limiting the amount lawyers can charge in fees.

Mr. Villeneuve: Let us start with the member for Humber (Mr. Henderson).

The Deputy Speaker: Order.

Mr. Gregory: Perhaps we can make it so lawyers cannot opt out, set a fee schedule for them and no lawyer, no matter how important or serious the case, can opt out.

Interjection.

The Deputy Speaker: Order. The member for Mississauga North is not in his seat.

Mr. Gregory: There is more justification for limiting the earnings of lawyers. I was saying before what a close relationship there is between a family and its doctor. Certainly lawyers do not enjoy that same close relationship.

It is very important that a doctor have this opportunity to have some flexibility on the OHIP schedule. Even the Premier (Mr. Peterson) has quite often said extra billing is a safety valve. Those are his words, not mine.

Mr. Ferraro: It is a ripoff.

Mr. Villeneuve: The member said it is a ripoff. Let us make sure Hansard records that.

Mr. Gregory: My friend the member says "ripoff." I think he is indicating that the doctors are ripping off the public. Is that what he meant? What is the riding?

Mr. Ferraro: Wellington South.

Mr. Gregory: Yes. The member for Wellington South thinks the doctors are ripping off patients.

Mr. Villeneuve: Blackballing every single doctor.

Mr. Gregory: I am quite sure that member is going to hear from a few of them on that one. I understand why the member says it; he can count. He knows there are more voters than doctors; so he does not mind insulting the doctors. He does not mind accusing them of ripping off the public. They are not ripping off the public, but I guess some people will do or say anything for a vote.

4 p.m.

I did not hear the same kind of rhetoric from that member when we were talking about the Wellington school strike. He was a little softer in

his approach at that point. He was not accusing the teachers of ripping off the public. He was very strong in his criticism of the strike, but I did not hear any talk about anybody ripping anybody off. I guess in numbers there are more teachers than there are doctors. Is that how it goes? It gets reported in accordance with the number they have.

Mr. Ferraro: More doctors contribute to the Tories than do patients.

Mr. Gregory: If they do, they are as clever as I think they are. It shows that doctors are very discerning and are happy to support the best party and the best representative. I remind the member for Wellington South that since there are more Conservatives elected in Ontario than there are Liberals—

Mr. Callahan: Yes, but only five of them are in the House.

Mr. Gregory: There are only five of us in the House at present. That is correct, but the member for Brampton forgets that it is the Liberal Party's bill.

Mr. Callahan: That is fine, but only five Conservative members are here and it is important to the Conservatives.

Mr. Gregory: That is correct. They have all heard my speech before.

The Deputy Speaker: Order.

Mr. Gregory: However, I am glad we now have three ministers with us. That is very nice. I am happy to see it. They keep losing my place on me. I will have to go back and start again because I have lost my place. Shall I start where I was on Friday? Is that okay?

We have to be very conscious of the fact that the doctors who are extra billing are, for the most part, the specialists, who are usually the top doctors as opposed to the general practitioners. At least that is the way it seems in the eyes of the doctors. I do not know; maybe that is not correct. One of the members over there is a doctor who agrees with us. I cannot remember who it is.

At any rate, I am very nervous and concerned about what will happen when we ban extra billing. We can argue this all we want, but one fact is that doctors will leave Ontario and will probably go to the United States.

Mr. Cordiano: There is no room for them.

Mr. Gregory: I question the judgement of the member for Downsview on that one. He has not analysed the situation if he says that. There is great demand for them. Many of them have been approached already.

Mr. Villeneuve: Has the member ever had a problem getting into a hospital or a doctor's office?

Mr. Speaker: Order.

Mr. Gregory: Somewhere I have lost the floor. In my opinion, since it is my time to have the floor, and in the opinion of many doctors whom I have talked to, they would either go or would consider going. Will the member for Downsview grant me that? Given that limitation, a great many doctors might very seriously think about going.

In his mind, is he of the opinion that no one will even think of going? I question his logic, because if I were a doctor put in that position, I would seriously think about going. Whether my attachment to my home or my country would overcome that desire for fairness, I do not know. I would at least consider it and I would examine all those options, especially if some hospital or town in the United States or somewhere made me an offer of two or three times what I am able to make here. There are many cases such as that. A doctor would have to be awfully stupid at least not to listen to it.

Mr. Callahan: There are many cases of seniors down there who cannot afford the system. If one does not have a plastic card, one cannot even get one's body out of the hospital.

Mr. Gregory: I might go back again. The member for Brampton did not quite understand what I said. I will have to repeat it a little more slowly so he will understand.

The fact of the matter is that doctors will leave. Let us suppose that the same 13 per cent of the doctors leave as are opted out of OHIP. Can one imagine the chaos in Ontario? Imagine the chaos if 13 per cent of our doctors, most of whom were the best doctors, decided to leave us. That is the negative side, the downside; it is the worst thing that could happen. Why are we putting ourselves in jeopardy of this happening just to satisfy the wild idea of someone across the way or someone who did a poll in his riding or something like that?

It is interesting to note that they think they have the public all on their side. I have seen surveys in which people are asked two questions. The first is, "Is OHIP delivering medical service to you and your family satisfactorily?" The answer is a resounding 80 to 85 per cent yes. The next question is, "Do you think doctors should be allowed to extra bill?" They say no. It is the reverse numbers.

Mr. Villeneuve: The same gang.

Mr. Gregory: It is the same gang. They are satisfied; they think it is doing a service for them and that everything is wonderful. Suddenly the government hits them with the idea, "Do you think doctors should be allowed to extra bill?" They answer no. I guess nobody wants to see anybody earning any more money than he does, and the thought of doctors as a professional class being able to charge a little more than the norm gets people excited.

Members over there, with their great judgement, recognize that. It is a sexy political issue with a lot of votes. That is where it is coming from on that side of the House, particularly since it is history that the Premier agreed many times that it was a necessary safety valve for doctors. Suddenly the picture has changed and there is political mileage to be made. We tend to forget our principles when political mileage is to be made. That seems to be what is happening.

It does not make much sense to try to end extra billing by negotiating some sort of complicated fee for everybody, which is probably going to cost a great deal more. My leader asked the Minister of Health the other day how much more than the \$50 million we get back from the federal government will we have to pay out in additional fees to all doctors by raising the overall medical fee.

Mr. Callahan: That maintains universality for the seniors.

Mr. Gregory: Does the member recall that we were the ones who brought in universality? It was before he even became a member, let alone part of the government party. We brought it in many years ago—18 years ago. We brought it in on a universal basis. He knows as well as I do that seniors do not pay anyway. People on welfare do not pay. Anybody who cannot afford to pay does not pay. He knows as well as I that if anyone else could not afford it he would not be cut off. How much closer can one come to universality?

Hon. Mr. Eakins: Is that not federal law now?

Mr. Gregory: I beg your pardon?

Mr. Speaker: A discussion seems to be taking place here. The honourable member has the floor to discuss the legislation. I ask the other members to refrain from asking questions because question period ended some time ago.

Mr. Gregory: I could not agree more, Mr. Speaker. I was about to say the same thing to the minister, whom I admire very much. I am surprised at his taking the head-in-the-sand attitude he is taking now.

It does not make sense to do what we are doing. By eliminating extra billing, we are going to have to negotiate with the doctors. The doctors wanted to negotiate, but the government would not negotiate because it was "not negotiable;" those were the very words. It does not make any sense to eliminate extra billing and then have to raise the fees for all doctors.

Mr. Villeneuve: It will cost \$100 million in fees.

Mr. Gregory: We are doing that so we can get \$50 million back from the feds. That is the kind of Mickey Mouse money management these people will find more and more—

Mr. Ferraro: Suncor and Minaki made a lot of sense. It was only three quarters of a billion dollars. What difference does it make? What does it matter?

Mr. Gregory: They are also very repetitive. They are limited to a couple of responses, either, "What about Suncor?" or, "What did your government do when it was in?" That is about it. Those are about the only answers we get from that side of the House.

Mr. Villeneuve: It is the best health care system.

Mr. Gregory: It is the best system; it is renowned worldwide. I dare say there is nobody on that side of the House who would not say it is the best health care system in the world.

4:10 p.m.

Mr. Cordiano: Yes, but it is in jeopardy.

Mr. Gregory: In jeopardy, my great Aunt Sarah! It is not in jeopardy at all. It has been working very successfully for 18 years. It has never been in jeopardy and my friend knows it.

I can hardly wait till they get to the lawyers. When they tell the member opposite he can charge only a certain amount, I would love to hear his bleeding then. He will really be bleeding.

Talking about fairness, just try to get a lawyer to take legal aid cases. They do not want them. They try to make nice guys out of themselves by taking one or two so they look good in the community.

Mr. Callahan: That is a tragedy.

Mr. Gregory: Do not give me that stuff about the doctors ripping people off, because if anybody is ripping us off it is the lawyers; and the member knows it. Maybe if the government did bring in a bill whereby we limited the fees of lawyers it would get unanimous support in the House, except for the lawyers of course.

Mr. Guindon: They will not do that. There are too many lawyers on that side.

Mr. Gregory: The government should think about that. I would recommend it to the Attorney General (Mr. Scott). He should perhaps bring in a bill like that.

Mr. Speaker: That pertains to this bill, does it?

Mr. Gregory: I was doing a comparison of the lawyers and the doctors. It is difficult to compare them, because the lawyers are ripping off the system and the doctors are not, in my opinion. I do not get many votes from lawyers, anyway. The people who vote for me know that the chance of my remarks being interpreted to convince that bunch of donkeys to put in a bill like that is so remote that it is not going to hurt me at all, so I can say things like that.

The people in Brampton just move from lawyer to lawyer when they elect people. They have not wised up yet there. However, they have been going downhill lately.

To get back to where I was, if I can find it again without going right back to the start—

Mr. Ferraro: Start over.

Mr. Gregory: Shall I start over?

Mr. Ward: The member was just finishing up.

Mr. Gregory: Am I just finishing?

Many people have raised the point that the patient can get caught if a doctor has opted out and extra bills him. There is the famous case where the anaesthetist tells him just as he is going under and that sort of thing. In fact, there is a province-wide telephone system whereby people can locate doctors ahead of time who are opted in.

Mr. Callahan: An anaesthetist? The member should try to find one.

Mr. Gregory: I have not needed one recently, but by the behaviour of the member for Brampton, it looks as if—

Mr. Speaker: Order. With respect, maybe the member would address his remarks to the chair and disregard the interjections. As I said, question period is over.

Mr. Gregory: I have been disregarding that member for years, but it has not done me any good.

That protection is there for people. They can locate doctors. The member mentioned anaesthetists. If we are making our whole case on the basis of anaesthetists, then it is a pretty hollow case. We are just using one exception. I have not

heard anybody else mention surgeons, brain surgeons or whatever; it all comes down to anaesthetists. Those people should know more about brain surgeons than most, but I have not heard that example used.

In my opinion, medicare was designed as a floor plan to ensure that everyone could afford adequate health care, and he can. If he cannot afford the premiums, he is subsidized; we all know that. Very few people pay their entire premium themselves.

Mr. Ferraro: The member had better spruce this up. He is losing his caucus.

Mr. Gregory: It is a good job he is the next speaker or he would be gone too.

It just indicates to me that my caucus feels the same way I do. They feel sure of what I am going to say. Having this many members in the party to my left and in the party across the way obviously means I am making some progress. Some of the members are coming out of their foggy delusions of doing something for the public when they are really doing something to them. They have not realized that yet. They are really doing it to them by doing this, and they are taking the doctors down with them. That is unfortunate.

The system as it now stands accomplishes the goal of providing medical security for the people of Ontario. We do not need further tinkering, which is what this government is doing. It is doing so because it has been pulled into this, partially by an election promise but more so by the accord. It is unfortunate it is allowing this to happen because we know it is contrary to the government's deep-down feelings to do what it is doing. It is going to regret it and I hope it does.

It is unfortunate that one of the best systems in the world has to be partially destroyed because of a political tinkering that seems popular and will get a few votes. That is unfortunate, but that is the gist of the whole matter. If the minister or his parliamentary assistant, the member for Wentworth North, persists; if there is one message, if the government is going ahead with this; then for heaven's sake when is the minister going to sit down with the doctors and talk to them about it? He is getting into a confrontation here and medical services might well be withdrawn.

I do not think the doctors will do that because they are conscientious and concerned with the public welfare, more so than any other group. They live by their oath. One does not find too many doctors who are gouging or are ready not to do the best job they can for patients, because that is their main concern. It is nearly time somebody on that side got away from this rigid stance the

government has had of saying it wants to negotiate, but this part is not negotiable. I do not think it is possible to negotiate if one suddenly sets down rules and says he cannot negotiate this part or that part.

I will vote against this bill because I do not agree with what is being done. I want to see universal health care. I think we have it. We are going one step too far. Perhaps the government is doing it with the best intentions, but I prefer to think it is not. I believe it is strictly a political manoeuvre. Unfortunately, political manoeuvres sometimes backfire. I sincerely hope that happens.

Mr. Grande: I do not think I am going to be taking too much time to debate or discuss this bill to end extra billing in Ontario. I just want to point out it has been in the works now for a decade. It has been debated in Ontario since the late 1970s, and 10 years later we have this bill before the Legislature.

Some members of the Conservative Party are talking about this bill as if it is something that just came down yesterday. The debate has been going on for 10 years. I think it is about time the debate winds down and extra billing ends in this province. It is about time to fight to safeguard and protect the medicare system that has taken years to build in the North American continent and Canada as a whole.

4:20 p.m.

I want to express some pride, and I do not mean it as any kind of self-congratulation or patting ourselves on the back in any way, shape or form. I want to put it in an historical perspective. It has been this party, the NDP and the Co-operative Commonwealth Federation before it, which advocated, promoted and gave birth to our medicare system in the North American continent. It has been this party that has been directly responsible, as in the case of Saskatchewan under the leadership of Tommy Douglas, who is considered the father of medicare in Canada and who had the vision, ability and courage to make medicare a reality in that province and then began putting pressure on the federal government to institute a national medicare program.

I am extremely proud of my association with this political party, which has provided the political will to improve the health care system for our seniors, our chronic care patients and patients in nursing homes, mental hospitals and other institutions. I am proud of my party, which has fought the chronic underfunding of our health care system and which successfully fought the

closure of such hospitals as the Doctors Hospital in 1976 and hospitals in many smaller communities in Ontario.

My party fought the Conservative government when it moved to close Ontario hospitals. My party fought the regression analysis of the Conservative government back in the 1970s that cut active treatment beds without making the necessary provisions to deliver the chronic care beds that were badly needed in Ontario. We all know the courts decided the government was wrong in 1976 and ordered the hospitals be kept open.

I am proud of the New Democratic Party, which successfully raised the issue of extra billing in this Legislature in the late 1970s, providing example after example of hardship; people were paying 20 per cent, 30 per cent, 40 per cent and in some cases 50 per cent more than the Ontario health insurance plan rates.

Back in 1979, this party canvassed the people of Ontario and introduced in this Legislature a petition signed by more than 250,000 people. The petition addressed the underfunding of our health care system and hospitals, as well as the extra billing by medical doctors. I want to quote from that petition, which read:

"We, the undersigned, beg leave to petition the parliament of Ontario as follows:

"We protest the government's restraint program for health care. The quality of health care in Ontario is now threatened by deterioration of services in hospitals and lack of access to doctors billing at OHIP rates.

"We are opposed to any form of extra billing by doctors, to extra fees being charged to chronic and other patients, and to the unfair OHIP premiums. We already pay a lot in taxes and we insist that the government acts to provide needed hospitals and health services and to ensure that everyone has full health insurance coverage."

That was back in 1979 when 274,856 residents of Ontario signed the petition protesting the health cutbacks and extra billing by medical doctors.

I want to stress that I am proud of this party, which campaigned in the May election calling for a ban on extra billing. Finally, I am proud of the party that provided the political will and the political strength to the present government party to introduce legislation that bans extra billing. After proper democratic debate, that legislation should soon pass.

This legislation will finally end the threat to the accessibility of health care services faced by

the people of the riding of Oakwood in particular, and generally by the people in Ontario.

Now that I have placed in historical context what this party has done during the past 10 years in regard to ending extra billing, I want to speak for a few minutes to what the present government party was doing during this period in Ontario.

I do not mean this in a pejorative way, I just want to be historical for the record, but one may classify the governing party, the Liberals, as being all over the map in the past seven, eight or 10 years.

In 1979, when the New Democratic Party was petitioning the Conservatives to end extra billing, Stuart Smith, the then Liberal leader, made a speech to the Ontario Medical Association, and this is a quote from that speech:

"If both sides bargain in good faith"—both sides meaning the OMA and the government of Ontario—"both must be prepared to live with the results of their negotiations. We cannot have a repetition of the situation where the OMA negotiated with the government and subsequently announced its own fee structure, which was 30 per cent to 40 per cent higher than OHIP rates."

That was stated in 1979 by Stuart Smith, leader of the Liberal Party, then the official opposition in the Legislature.

However, in 1982, when the member for London Centre (Mr. Peterson), who now is the Premier, was elected to the position of leader of the Liberal Party, he declared that opting out by medical doctors for the sole purpose of extra billing patients was, as he put it, a safety valve in the medicare system. In other words, it was allowed. Doctors have a right to opt out; once they opt out, they obviously can extra bill and that was the safety valve.

It was not until the federal government brought in the Canada Health Act that the Liberal opposition in Ontario began to take a serious look at the position it had maintained prior to that time and basically reversed its position. At that time, and I will continue to say it, "Welcome aboard."

Mr. Epp: Circumstances change.

Mr. Callahan: We are not etched in stone like some of the parties.

Mr. Grande: The member for Brampton should not take it personally. It is an historical account. That is what I am putting forth, and as a lawyer I assume he is used to historical accounts.

The introduction of the Canada Health Act is when the Liberal Party of Ontario adopted a different position. It had finally come to terms with extra billing as a menace to the accessibility

of health services in Ontario and as a threat to the universality of the medicare system.

The Conservative Party in Ottawa, the official opposition at that time, was in agreement with the Liberal Party of Canada, which was the government of Canada at that time. Therefore, finally, the governments of the provinces were allowed to do whatever was necessary, if they considered it important, to end extra billing. Ontario did not act. That is why we went into the April election with those issues on the platform of both the Liberal and New Democratic parties.

4:30 p.m.

Therefore, for the Ontario Medical Association now to say it thought this would never come about, indicates that perhaps it has misread the sentiments of the majority of the people of this province or its representatives in this Legislature.

The Canada Health Act states that if a province chooses not to end extra billing, the federal government will retain that amount of money the medical profession bills patients on top of the OHIP rates. That has been bandied about as around \$50 million.

I want to say to the Conservative Party that while that party was in power it was willing to let the people of this province be taxed \$50 million on top of what they had already been taxed so it would not have to end extra billing. I am happy now that will come to an end and the people of this province will be getting the transfer payments that properly should be coming to Ontario for our health care services.

We cannot speak about the underfunding of the system on the one hand, as Conservatives often do, and at the same time say, "We do not need \$50 million put into our health care system in the province today." That is speaking from both sides of one's mouth, and in the process one can get terribly confused.

I want to say one more thing with respect to the Conservatives. They know that prior to this bill being introduced in this Legislature, only about 12 per cent of the doctors had opted out of the system and supposedly could extra bill their patients. Since then, that figure has not changed drastically or perhaps at all.

The Conservative Party is willing to lend its total support to 12 per cent of the 17,000 medical doctors in this province, a few more than 1,000 doctors who have decided to opt out of the system because in effect they felt they were worth more than that for which they bargained collectively with the government and the Ontario Medical Association.

Obviously, anybody in this Legislature can decide whom he or she supports and what the reasons for doing so are; however, at the same time the Conservatives are supporting about 1,000 medical doctors in this province who want to extra bill and basically want to gouge patients, 400,000 senior citizens in this province have said to them in a very direct way: "We want the practice of extra billing ended in Ontario."

Politically, I guess the party can side with one or the other in making its choice, but it should not try to tell anybody that while it is protecting the 1,000 doctors who have opted out of the system and are extra billing it is also protecting the 400,000 seniors in the province, because that does not wash. Those seniors have decided, and they took a stand, that extra billing has to end because they cannot afford to pay that extra money to medical doctors. People on fixed incomes cannot afford to pay 30 per cent, 40 per cent or 50 per cent higher fees to medical doctors in this province.

The Conservatives made their judgement. They stated their position. They decided in caucus with whom to side. They made their bed and now they must lie in it. I am extremely happy this bill is before us, and I am extremely happy to support it. Shame on the Conservatives for opposing it. I welcome the Liberals aboard; it is about time.

Mr. Partington: I am pleased to speak about the Health Care Accessibility Act, 1985, an act that has a very misleading title, an act that may have very devastating consequences for our fine system of health care in Ontario, an act that will provide less accessibility to medical services, not more, and an act that states it regulates the amounts persons may charge for rendering services that are insured services under the Health Insurance Act.

The present health care system in Ontario is one of the finest in the world. It is not a perfect system—few things are—but in an effort to improve this system this government will be introducing assembly-line medicine, where excellence will decline and good health care can no longer be expected. I will be opposing this bill because I care for the people of Ontario who will have less accessibility and less quality health care if this bill is passed.

The Minister of Health, the Premier and the whole Peterson-Rae government had best pay heed to an old Basuto proverb that states, "If a man does away with his traditional way of living and throws away his good customs, he had better

first make certain that he has something of value to replace them."

In doing away with the doctors' right to extra bill, the Premier is throwing away doctors' independence and professionalism. He is throwing away freedom for both patients and doctors; the freedom that enables a patient to choose his or her personal physician without losing the benefits of prepaid medical insurance.

If this government deems the present accessibility to health care to be inadequate, if there is a threat of high-quality health care being unavailable to the citizens of Ontario now and in the future, that threat comes not from extra billing but from a myriad of shortcomings in the health care system.

As was indicated previously, approximately 12 per cent of doctors in Ontario extra bill. However, they do not extra bill all the time; rather, they extra bill 25 per cent of the time. Most physicians who apply this extra bill for their services do it only in some cases. In the majority of cases, the opted-out doctors do not extra bill. Less than five per cent of the physician fees in a year are extra billed.

4:40 p.m.

Laura Sabia, a former resident of Brock and a distinguished citizen of this province and this country, in an article in the *Toronto Sun*, December 24, 1985—

Hon. Mr. Eakins: Was she not a Conservative candidate at one time?

Mr. Partington: She was a very fine Conservative candidate a few years ago; I remember that well. That shows an excellent memory.

Mrs. Sabia stated, "Last week our obscure and unknown Minister of Health, one Murray Elston...introduced legislation to ban 'extra billing' by 'opted-out' doctors, arrogantly declaring that patients are being denied access to medical care because of 'extra billing.' What a distortion of the truth! It has nothing to do with 'accessibility.'"

She said it was untrue that "'extra billing' represents a threat to the publicly administered health care system...The doctors in Ontario are being used as scapegoats to cover up a lack of adequate hospital funding, lack of beds, equipment, etc. It's as simple as that."

That is a fact.

Mr. Epp: The \$50 million.

Mr. Partington: Yes, there is the \$50 million Monique Bégin introduced under the former Liberal government, but that is a small amount compared to what it is going to cost the citizens of

Ontario if this bill is passed. It is \$6 a person for the people of this province. It is a lot of money and we would like to have it, but this government is going about getting that money in the wrong way.

The Lincoln County Academy of Medicine is an organization in the Niagara Peninsula of approximately 250 doctors and represents the—

Mr. Breagh: On a point of order, Mr. Speaker: I am enjoying this speech so much, but unfortunately there are only two Liberals, three Tories and five New Democrats here, and I am getting a little upset about it. Is there a quorum here?

Mr. Speaker: The member for Oshawa is correct. There is no quorum.

Mr. Speaker ordered the bells rung.

4:46 p.m.

Mr. Speaker: The member for Brock (Mr. Partington) will be glad to learn there is a quorum.

Mr. Breagh: On a point of order, Mr. Speaker: Can we not find more than four Tory members to come in to listen to this?

Mr. Speaker: Order. Question period concluded some time ago.

Mr. Cousens: Four of us are worth 20 of them.

Mr. Martel: We will all walk out and see whether there is a quorum.

Mr. Speaker: Order. There is a quorum.

Mr. Partington: As I was saying before we were interrupted by the quorum call, in February 1984 the Lincoln County Academy of Medicine submitted a report to a federal health committee outlining various concerns and issues in the Niagara Peninsula with respect to shortcomings in the health care system.

I would like to introduce the members to the Lincoln County Academy of Medicine. It is an organization composed of approximately 250 doctors who reside and practise medicine in the Niagara Peninsula and who represent the interests of the citizens of Niagara on a variety of health care issues. These doctors are actively involved in organizing a continuing medical education program, not only for physicians but also for nurses and paramedical personnel. They are dedicated to improving the quality of health in the Niagara region. They are active in many regional groups and committees, from the Niagara District Health Council on down. They have been involved in numerous charitable fund-raising activities and in community affairs.

In many cases they have taken the lead in public service organizations.

This academy and the doctors who belong to it support the concepts of accessibility, portability, universality and comprehensiveness in health care. They do not believe such concepts are achieved by the draconian legislation the government members are intending to introduce with the support of their third-party ally. As I have indicated before, this draconian legislation, as it has been referred to by the member for Humber, will impair health care in Ontario, not improve it.

In its 42-page report, the Lincoln County Academy of Medicine outlined what it believed to be the major health care issues and developed an overview of health care in the Niagara Peninsula, documenting the existing lack of accessibility, comprehensiveness and universality to high-quality medical care. They focus on health care services provided at our local hospital, the St. Catharines General Hospital, with which they are most familiar. They contrast the major impediment to the delivery of high-quality health care with the alleged but fictitious barrier to health care presented by the opting out of extra billing proposed by the current government.

There are many recommendations in the report ranging from a comprehensive paramedic program to a regional psychogeriatric facility, to universal access to community support services such as day care and Meals on Wheels. Some of their recommendations have been implemented and some programs have been established in the Niagara region, such as the cardio-pulmonary resuscitation program and a regional emergency prehospital care committee, which has been staffed on a totally volunteer basis by physicians and other concerned individuals.

The citizens of Niagara recognized another urgent health need and they did something about it. I am referring to the computerized axial tomography scanner. A spontaneous effort was commenced by citizens in our area to start a campaign to raise the required money privately, it not being available through public funds. This campaign was expected to take up to two years to raise the \$1.8 million. In fact, the campaign was stopped after six months because the goal had been surpassed. These funds were raised primarily by ordinary citizens and not by large corporate donations. They were mostly small donations coming from bake sales, walkathons, car washes, rummage sales, etc. Never has there been such a community effort in our area, and never such a successful one.

We are proud that our CAT scanner is operational, is saving lives and is decreasing patient mortality, morbidity and anxiety. This has been made possible entirely by private money, money that was given cheerfully and with compassion in an effort to upgrade health care in our area. The citizens in the Niagara region have demonstrated that they are more than willing to contribute their own money if they believe it will improve the level of health care in our area. Our citizens have demonstrated that they were not satisfied with the level of health care and were willing to spend more money to ensure better health care for their families.

A citizen in the free country of Canada has the right to spend his money in any way he sees fit on holidays, expensive cars, lottery tickets and so on. However, there will be one notable exception if the proposed government legislation is introduced: he will no longer be allowed to spend extra money to achieve a higher level of health care for his family than the government arbitrarily sets, whether or not he agrees that this is an adequate level of health care.

The report goes on to discuss a variety of health care deficiencies in the Niagara area, including a critical shortage of acute and chronic care hospital beds, an oversupply of outdated, inefficient and undersized hospital facilities, a deficiency of new technology, unacceptable waiting lists for urgent diagnostic and therapeutic procedures, and understaffing of nurses and paramedical personnel.

For example, in 1984—and I believe the problem continues to date—there was a waiting list to get into an acute care hospital, and elective surgery frequently had to be cancelled or patients discharged prematurely. The reason was that a large fraction of acute care beds was being filled by patients who required only chronic care but were being kept in acute care beds simply because there were no chronic care beds available in chronic care facilities.

In 1981, the Niagara District Health Council's figures show that 10 per cent of all acute care beds in Niagara were filled with chronic care patients. In 1982, of 1,172 acute care beds in the region, 226 or 19.2 per cent were filled by chronic care patients. One out of every five acute care beds in the Niagara region was being needlessly lost from use by a patient who needed it.

Mr. Callahan: Who created that problem?

Mr. Partington: The member for Brampton refers to a problem, but the government in power today is the one that is supposed to solve them.

The message it has chosen is one that is not going to work. That is what I am about to point out.

Mr. Callahan: We are addressing the problem.

Mr. Cousens: Absolutely. When the member listens, he will find out why.

Mr. Partington: The government is camouflaging. The health council's projections then indicated a deficiency of 335 chronic care beds in 1985-86 and in years to come; in the next two or three years a deficiency of 750 chronic care beds in the Niagara region.

The emergency department of the general hospital in St. Catharines faced a similar problem in 1984. A team of government consultants conducted a thorough and independent review of facilities in April 1982 and stated, "Although the scope of services provided is more than adequate, the major problem is overcrowding." The consultants stated the existing facilities were inadequate and recommended the addition of two resuscitation rooms, 11 treatment rooms, six general examination rooms, one gynaecological examination room and so on.

Many lives have been needlessly lost each year due to a lack of necessary facilities. These are the problems the government of this day should be addressing.

Mr. Villeneuve: Instead it is compounding them.

Mr. Partington: As my friend has said, it is compounding them. The bill, erroneously named the Health Care Accessibility Act, is basically designed only to ensure that a doctor in one community, regardless of his skill, experience, commitment and dedication, receives nothing more in earnings than a doctor anywhere else with less ability, experience, concern and dedication.

It is the lack of facilities in the health care system that needs addressing now. Opting out of extra billing is a smokescreen by this government. It is easy to do. The government brings it in and, as one of the members mentioned earlier—

Mr. Martel: What was he dragged out of?

Mr. Partington: The member for Sudbury East should be concerned about accessibility too because it is very important, especially in later years of our lives.

Mr. Martel: Especially when one does not have an anaesthetist in one's whole community who does not extra bill.

5 p.m.

Mr. Partington: That is an interesting problem. The member says there may be certain areas

where people cannot get proper medical treatment. I guess he is implying that is without making some extra payment. That may have occurred from time to time. It may occur in certain areas. The best way of approaching this would be for the government to try to work out a reasonable means of dealing with it.

In this province, 88 per cent of the doctors do not extra bill. The 12 per cent who do extra bill do it only a quarter of the time. I am sure the Ontario Medical Association and the government, if they have the will, could sit down and work out a reasonable compromise that would maintain our health care system.

Imposing this draconian legislation, as the member for Humber has referred to it, is certainly not the solution to this problem. It will create serious problems. The issue that has been created—that the answer to our health care problems is to keep the doctors from opting out—is really a myth. Opting out is not currently a barrier to accessibility to health care.

The Lincoln County Academy of Medicine serves as a complaint centre and annually receives numerous complaints from patients in all matters relating to health care. In 1984, when this report was written, not a single complaint was lodged in the area about extra billing. There was not a single documented case of a patient being denied service or being rendered a lesser service because of user fees or opting out. There may be isolated cases that the academy may not be aware of, but those isolated cases would not be a barrier to the availability of health care in the Niagara region.

Mr. Callahan: Those isolated cases are not important? We should just forget about those people?

Mr. Partington: All cases are important. Say that again.

Mr. Callahan: Just forget about those isolated cases; they do not matter.

The Deputy Speaker: Order. The member for Brampton should stop interrupting. The member for Brock will carry on.

Mr. Partington: I would not be surprised if the member for Brampton were sympathetic with the general need to serve the public by opposing this bill. His caucus is divided on it.

As I said before, in 1984 in the Niagara area there was not a single complaint about a doctor requesting a fee in advance of service, nor was there a single complaint about a doctor demanding payment from a patient who could not afford it.

It seems to me that the government and the third party have sensed a political issue here that may to some degree have been created by certain interest groups.

Mr. Martel: We voted against it for that reason since 1969. I want the member to get the facts. He is a new boy.

Mr. Partington: I am well aware of the fact that the third party has been on record for many years in favour of an increased degree of state control and an increased degree of nationalization of certain industries and businesses. Therefore, I am not surprised they have been in favour of this legislation since 1969. Bureaucrats, bureaucrats, bureaucrats.

Mr. Martel: I would like the member to produce the papers. Why does he not produce the papers on this state intervention?

Mr. Partington: A poll was taken by the Progressive Conservative Party in the fall of 1984 asking people across Ontario whether any aspects of health care in Ontario needed to be changed, fixed or given special attention. Although 41 per cent said there were no changes they would make, seven per cent said they would ban extra billing or opting out. The other 52 per cent named things such as I have just been relating to members: more hospital beds and equipment, better preventive medicine and matters of that nature. What this really tells us is that the people of Ontario are generally satisfied with the high standard of health care we have.

Yes, there are people who mentioned extra billing. In those areas where there are problems, and I acknowledge that there can be areas that need looking at, the government should deal with them by using some imaginative, creative thought processes. It can get together with the medical association and work them out without destroying the system.

One does not destroy the traditional base of Ontario society without replacing those good traditions with something of value. To bring in legislation that will treat all doctors the same regardless of their approach to the practice of medicine, regardless of their dedication and regardless of the time they take or their experience, is not a good substitute for what we now have.

It is interesting, and it has been stated, that 85 per cent of the people of this province have indicated they are opposed to extra billing by doctors. If one asks an individual what problems he has with the food supply system in Ontario, one probably would not get anybody saying: "The price of milk is too high. We have to reduce

it by 30 cents or 35 cents a litre." However, if the same individual were asked, "Are you in favour of reducing milk by 35 cents a litre," one is definitely going to get a yes answer.

This issue must be properly explained to the people of Ontario. There must be ample discussion and review of its implications before it is introduced, so the government and the people do not find out shortly after its introduction that instead of providing more accessibility, they have weakened, undermined and threatened the fine standard of health care we have enjoyed for so long.

I acknowledge there are people, and their organization has been alluded to, who are against the banning of extra billing. I have a letter before me dated October 21, 1985, signed by Nancy and Ian Bongard of Niagara-on-the-Lake. I assume it was written by Mrs. Bongard. It says: "Ian and I strongly oppose the proposed ban on extra billing and feel it would have a very devastating effect on medical services in Ontario. We urge you to oppose this legislation. Thank you."

Dr. David Nicholson of the city of Niagara Falls, who resides in Bevan Heights in Brock riding, sent me a letter on January 16 saying: "I am writing to express my opposition to the health care accessibility bill. I feel strongly that the restrictions proposed by this bill are so utterly foreign to the Ontario scene that I am prepared to resist it at a considerable cost to myself. I hope you will oppose it with vigour."

As the doctor has stated, it is utterly foreign to the Ontario scene. It is not making a slight amendment to an existing practice; it is changing the practice completely. I believe it will be to the detriment of the people of this province. The government should consider its action seriously before it makes such an irreversible trend in the Ontario health system.

Mr. Callahan: Is the United States system of privatization better?

Mr. Partington: We now have the best system. We hear the member for Brampton asking whether we would prefer the American system. We want the Ontario system as it exists now, with some refinements. We are always after a better system in anything we do, and that is an admirable position to take. No, we do not want the American system. We want the Ontario system as it is, because we believe it is the best system of medicine in the world. It certainly is compared to the British system, which at one point was brought in as a universal, government-funded system, but because the service deteriorated private health plans were allowed to grow.

5:10 p.m.

There now are large sectors of that community, including large union groups, that are asking for coverage under private care because they know that system of medicine is better. I say to the member for Brampton that we do not want the American system, the British system or any European or Asian system. We want the system that has been in existence in Ontario for some time. Let us refine it to improve it, but let us keep it substantially as it is.

There have been numerous testimonials—and I will produce a letter or two—by patients about doctors who have repeatedly declined to charge them more than the OHIP rates or have waived their fees entirely where no OHIP coverage existed.

Another real fear the doctors have reported is that our health care system is quickly heading into a system of state medicine. They are afraid doctors will become civil servants, responsible to the state and not to their patients.

As far as the historical concept of Hippocratic medicine, the doctor is responsible only to his patient. They fear this system will be replaced. They fear the doctor will be responsible to the payer of his services—the state. The doctor would not have a conflict of interest and would not be able to serve as successfully as his patient's advocate, lest he be disciplined by his new boss—the state.

There are some fairly obvious results of this legislation which will be detrimental to the people of Ontario if it is implemented in this form. The member for Mississauga East mentioned the question of doctors leaving the jurisdiction. Someone from the government party indicated that that is not likely to happen. It may not happen in great numbers, but the experience we have before us is that when Quebec brought in its health care legislation, which effectively prevented doctors from opting out, about 235 or 240 specialists from that province came to Ontario.

One of the members opposite said they cannot go to the United States because there is no room. I do not think the doctors are suggesting they would do that in masses. As a matter of fact, some doctors have suggested that not many doctors would leave this jurisdiction.

I have a letter from Dr. D. M. Fraser of 145 Queenston Street, Suite 87, St. Catharines. It is addressed to the Honourable Murray Elston. Dr. Fraser is a long-time resident of St. Catharines and lives in Brock riding. He is a very dedicated physician and is very active in public affairs and

very concerned about the people of his community and their health care.

Dr. Fraser's address, as I mentioned, is 145 Queenston Street, St. Catharines. His address is also 5147 Lewiston Road, Lewiston, New York, and also the University of Rochester, 601 Elmwood Avenue, Rochester, New York. Dr. Fraser writes:

"Dear Sir:

"If this act is passed, it will be immoral and likely illegal under the Charter of Rights. It makes us de facto civil servants without the benefits, pensions, paid holidays as such.... Economics is what unites us. It is time for us to say, 'No more nice guys.' Only MDs can practise medicine by law. This act must be withdrawn or senior men will vote with their feet."

I am afraid Dr. Fraser might be one doctor who votes with his feet. If Dr. Fraser were to do so, we would lose one of the best physicians and most public-spirited citizens in this province. That is something that should not happen.

There are other possible bad effects of the government's proposal to introduce its deceptively named Health Care Accessibility Act. I have a memorandum from Dr. Bruce Lennox, who is an ophthalmologist in St. Catharines. Dr. Lennox suggests that if this legislation is introduced there could be revolving-door medicine and frequent patient recalls may become commonplace. He is suggesting possible consequences; he is not saying he will do it.

In introducing this legislation, the government is in effect going to be rewarding the doctor who sees the most patients. The doctor who wishes to take his time, who needs to take his time and wants to commit substantial extra time, expertise and dedication to a patient will definitely be hampered or certainly treated, from an economic point of view, in a lesser degree than the doctor who tries to see more patients and gives them less time. Again, I am not suggesting that will happen, but it could happen. The fee schedule will reward physicians for volume, not for quality.

Difficult cases may be referred out of town to university centres. If that happens, accessibility will obviously be reduced. For a complex procedure, a person in Brock or Niagara or Barrie or wherever will go to Toronto or London, be treated there and visited in Toronto or London by his family. The opportunity for inconvenience is substantial.

I believe a sense of despair may grow in the minds of the doctors. They have a high sense of duty to their patients and to the public and I

believe they always will have, but if they are told by the government how much they can charge and they can do nothing about it, then the frustration at not being able to carry out their jobs as well as they would like to and with the freedom they need will limit their enthusiasm.

5:20 p.m.

In saying that, I again emphasize that 88 per cent of doctors do not extra bill, and the 12 per cent who do extra bill only one quarter of the time. The government and the members of the third party have been treating this legislation as extra-billing legislation. They are alleging the doctors are greedy and are trying to earn too much money and the government will put a stop to that. Obviously, that is not the case at all. The facts speak for themselves. Most doctors are honourable, faithful, dedicated physicians whose first concern is the welfare of their patients.

I will read a letter addressed to the Premier and dated January 9, 1986, signed by F. James Brennan, MD:

"In the 10 years that I have been in practice in Ontario...I have attempted to furnish to as many patients as I could...the best medical care I was able to provide. Accessibility of patients to me by appointment has been limited only by the constraints of time.... Accessibility to me in medically urgent situations when I have been on call (an average of 100 hours per week, 52 weeks per year) has been absolutely unrestricted. No patient has ever complained that I have been unavailable when needed or that I was too highly paid for my services."

He goes on to say he has always accepted the OHIP rates for his services as payment in full. He continues:

"I infer...that in terms of accessibility and fees charged, my patients have been satisfied with the service I have provided. You and your government state...that there is a widespread dissatisfaction among the people of Ontario over the way in which doctors are paid, and that excessive fees are hindering access to good medical care. If my patients truly support your position, then I feel betrayed and emotionally unrewarded for the services I have rendered.

"In my practice I attempt to establish a doctor-patient relationship based on mutual trust and confidence. If I am to believe that you are carrying out the wishes of my patients in order to remedy a fault in my practice of which no patient has complained to me, then obviously I have lost that trust and confidence. Without it my only rewards for looking after a sick patient are the fee

I receive and the intellectual satisfaction of solving a medical problem....

"As concerned as I am about the above issue, as a citizen of a free society I attach much more importance to the effects of the proposed legislation on my personal freedom.... Freedom is available to me and, therefore, I am free. Without it, I am a slave. I find particularly galling your public pronouncements to the effect that most doctors, because they do not opt out of OHIP, do not care about the abolition of opting out. Nothing could be farther from the truth. Do you really believe that any doctor, or any other responsible citizen of a free society for that matter, could be apathetic to legislation which imposes a form of slavery upon him?"

The issue from a doctors' point of view is their freedom to operate without the shackles of government control. This doctor says he has three options: he can retire from the practice of medicine and find a different job, he can move to a different province or a different country, or he can continue to practise medicine in Ontario providing care to citizens "who I feel have betrayed and abandoned me and who therefore have no right to expect me to regard them as anything other than organisms harbouring diseases which I am required to treat by a master whose primary concerns about medical care are that everyone gets the same and it does not cost very much....

"Regardless of which path each individual doctor chooses, however, medical care in Ontario will be in a much sorrier state than it is now. This will be your responsibility and your legacy to the people of Ontario."

Dr. Brennan, who does not extra bill but who would like the privilege of doing so if he decided to, indicates he may not quit medicine or leave the country, but his enthusiasm for the job will deteriorate if this bill is passed.

Mr. Guindon: On a point of order, Mr. Speaker: I wonder whether a quorum is present.

The Deputy Speaker ordered the bells rung.

5:30 p.m.

The Deputy Speaker: The member for Oshawa on a point of order.

Mr. Breagh: Is it in order to proceed with only six Tories present?

The Deputy Speaker: There is a quorum of 20 present, so it is in order to proceed.

Mr. Partington: I would like to let the member for Oshawa know it is a matter of quality, not of volume.

Interjections.

The Deputy Speaker: Order. The member for Etobicoke (Mr. Philip) is not in his seat. He will not interrupt again unless he is in his seat.

Mr. Partington: That member should not interrupt unless he has something constructive to say. I would like to continue as I was before.

Mr. Martel: We have been listening to the member for half an hour now and we are still waiting for him to say something constructive.

Mr. Partington: It is starting to show.

The Deputy Speaker: Order. Will the member for Brock please carry on with his speech?

Mr. Partington: The member for Sudbury East (Mr. Martel) should take the advice of the member for Scarborough-Ellesmere (Mr. Warner), which I recently heard in the House. He said he should watch for the next bus out of town and make sure he is under it.

Interjections.

Mr. Partington: If I can seriously get back to what I was saying before, there definitely is a need in the health care system to improve certain aspects of it. The current bill is not one of those ways.

I might say, as I said before, the public is more than willing to help provide some funds for additional services. In St. Catharines right now a very successful, highly visible campaign is under way at the Hotel Dieu Hospital to raise funds for an oncology clinic. On November 1, there was a very successful fund-raising dinner at the Shaw Festival in Niagara Falls, where Rich Little and Shirley Jones were featured and 600 people paid \$100 a seat, not only to watch a good show but also to make a substantial contribution to the oncology clinic which we hope will open soon at the Hotel Dieu Hospital.

As I indicated a little earlier, the doctors' main concern in opposition to extra billing, and I believe it should be a concern of the government, is state control. The doctors have been providing their services to the public of Ontario in an admirable manner. Accessibility is not an issue. As I indicated earlier, although they call the act the Health Care Accessibility Act, in fact it is described correctly as An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

The bill is not concerned about accessibility but about some individuals charging more than the OHIP rate. As the act states, under section 2, "A physician or an optometrist who does not submit accounts directly to the plan...shall not

charge more or accept payment for more than the amount payable under the plan for rendering an insured service to an insured person." The penalty for that, according to section 4, is "a fine of not more than \$10,000."

I believe that is one of the most burdensome penalties in any act of this Legislature. Not only is it a penalty of overwhelming proportion, pointing almost to criminality of doctors, but it also encourages patients to report doctors to the government. I presume that is the method used in the Soviet Union.

Laura Sabia said it well in her article of December 24, 1985:

"The government, run by a nonelected NDP"—I give them more credit than that; I am sure they are at least equal partners in this act—"is hell-bent on turning this haven of free enterprise, this province of wealth dedicated to excellence, into a socialist state where the lazy, the incompetent and the irresponsible are lionized and subsidized while the hard workers, the shakers and creators of wealth are shackled and hogtied by oppressive legislation."

That might be a little heavy, but the fact is there is a growing importance of and reliance on state intervention; and not only for the medical profession, which is what this bill is about. It should be a warning sign to the rest of our society, because if it can be applied to the medical society it can be applied to every other segment of our society.

Dr. J. M. Clark, in a letter to the Toronto Sun this morning, Sunday, January 26—

Mr. Breaugh: That was yesterday.

Mr. Partington: Was it yesterday? That is right; I brought it with me today. I appreciate the member's help.

He indicates that this is the beginning, that the government has gone after the doctors first and is suggesting the answer to our health care system is to control them, their earnings and in effect their price. He says:

"What will be next?"

"Well, let's start off with the principle that 'every Canadian has a right to adequate nutrition.' No one would dare deny that! So let us campaign on the promise that for a small monthly premium the government will pick up the tab every time you check out of the supermarket. Why not? Everybody has a basic right to be adequately fed. Farmers would be told to produce more for less, while public greed would be attributed to too many farmers producing too much produce, and an excess of supermarkets."

The doctor goes on to say: "I am a doctor. I work hard. At the moment, government rewards me adequately for what I do." He is not interested in making more because of the right he has to extra bill. He is satisfied with the system.

He states: "I am proud to belong to the best health care system in the world. Out of that pride comes my anger. Anger because the system is being exploited for political power."

I will not go on much longer—

[Applause]

5:40 p.m.

Mr. Partington: I appreciate that applause.

The message that the right of a doctor to extra bill is not important comes through loud and clear in various articles and newspapers as well as in the messages from doctors and consumers. I do not think the doctors are after that.

I think the doctors are concerned about the state control of their practices. As I said, I believe state control of their practices will hurt the consumers who are the patients of this province. This bill, designated the Health Care Accessibility Act, clearly goes the other way.

The bill is a misnomer. It will impair the health care system. It will deny to many members of our society the high level of accessibility they now have. The public must see this bill is against the public interest. If this bill is passed, we will get health care, but we will get it at a very diminished rate and quality.

It is more than health care that will be attacked if this bill is passed; it will be the liberty and freedom of all people in Ontario. If the government puts the shackles totally on the doctors of this province, it then has the ability to do that to other sectors of the economy.

In the best interests of the people, the consumers of this province, I urge this government to rethink its position, to consider the bill carefully and to not pass it into law.

Mr. Guindon: I am rising to speak on Bill 94. Even though the House has heard from many of my colleagues on this matter, I will give honourable members a look at what this bill means to the people of my riding.

Cornwall and Cornwall township are situated on the banks of the St. Lawrence River. Cornwall is the most easterly city on Highway 401. The unemployment picture is grim, to say the least. When one considers all the figures, our unemployment rate hovers around the 20 per cent mark. Our welfare rolls are full. As members are already aware, the housing situation is at an emergency level. Cornwall is an economically depressed area.

When a doctor decides to locate in our city, he has already decided to opt into the Ontario health insurance plan. He has decided to come to Cornwall not because of the amount of money he will make, but because he senses the need of the community.

Cornwall does not have much to offer a doctor fresh from internship. We do not have the luxury of an O'Keefe Centre, a National Arts Centre or even a car plant. What we do offer a doctor is a place to raise a family, a place to become a well-respected member of the community and a place where he can practise medicine without the distractions of a large urban centre. When a doctor comes to work in Cornwall, it is because of a long, hard look at where Cornwall is and what it has to offer. A doctor who has decided to extra bill patients does not come to Cornwall to earn a living because people there simply cannot afford to pay.

Cornwall-and-area doctors do not extra bill their patients because they are serious professional men and women who are sensitive to the special financial needs of their patients. Dr. Ghaffar Khan of the Cornwall Academy of Medicine says he and his colleagues have no problem with extra billing because they simply do not do it. There is no problem with extra billing in Cornwall.

Why then are all doctors in Cornwall upset over Bill 94? Why have they agreed to start charging for services for which they have never charged before? Why are they angry with the Liberal government of the Premier and his allies, the New Democratic Party?

Doctors in Cornwall care about their work place, their community, and most of all their patients. How does the community react to doctors? It honours them. Doctors in Cornwall have been given many awards. Just last year, Dr. Nat Shaw was given the honour of being citizen of the year because of his dedication to the community. Doctors have received bicentennial and heritage awards and citizens have held many banquets and dinners to honour members of the local medical profession.

While Cornwall doctors have always been conscious of their responsibilities to their patients' care and convenience, they have done their best to reduce accelerating health costs. At the same time, they expend their time and energy to improve the quality of life in their community. There is hardly an organizational activity in Cornwall in which doctors have not taken an active role.

If doctors in Cornwall have no problem with extra billing, why are they upset? They are upset because this government is tampering with the system, because the medical profession was not asked to sit down and discuss what might be done to improve it, because of the way things were handled. I would like to know what the Liberal government is going to do next.

What would happen if other sectors of the free enterprise system we enjoy in Ontario were to be legislated into line as this profession is? Would the Premier bring forth legislation to limit the fees charged by his colleagues in the law profession? I do not believe that for a second. What would happen if this bill were applied to lawyers? I shudder to think of the response. Ontario has always been known for its free enterprise system and I question what is happening to it. Cornwall doctors are upset over this matter.

There is the title of the bill, for example, the Health Care Accessibility Act, 1985. What a lot of rabbit raisins this is. There is no profession more accessible to the people of Ontario than this one. I do not know of a single case in which a doctor has denied anyone treatment because of inability to pay. To refer to this by using the title the Health Care Accessibility Act is like saying God is an atheist.

The Concise Oxford Dictionary defines the word "accessibility." The root word is "access," which is a noun and means "an approach...or means of approaching or reaching." "Accessible," according to the same dictionary, is an adjective meaning "able to be reached, entered, influenced, or understood." Let us look at each of these for a moment.

"Accessible," meaning "able to be reached:" doctors in this province are already covered by this definition; they are accessible. "Entered:" doctors in Cornwall are covered in this one too because they have entered into the Ontario health insurance plan. "Influenced:" doctors are certainly being influenced by this bill which is An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act. "Understood:" it appears to me and my colleagues in opposition that doctors have not been understood by the Liberals or the third party.

There is another word in the same dictionary which takes its root from the word "access" and that is "accessory." Accessory is a noun and an adjective and, according to the dictionary, it is someone who "helps in or is privy to any act, especially a crime;" and in the sense of either

before or after the fact, "helping to plan or conceal it." The Liberal and New Democratic parties fit this definition, as they are directly responsible for the introduction of this act and privy to it.

If there were doctors in Ontario who would break the law and accept under-the-table payments for services, I wonder whether the Liberal and New Democratic parties might be considered accessories to the crime for having introduced the legislation in the first place. A defence lawyer for the doctor involved might take the attitude that the doctor was forced into the crime by the government, or that the government was privy to the crime by passage of this legislation. I am not a lawyer—I have not even attempted to theorize the legality of this—but I wonder whether patients themselves might be found accessories to the crime by paying the doctor under the table.

5:50 p.m.

Last Tuesday evening, the member for Stormont, Dundas and Glengarry (Mr. Villeneuve) expressed his concerns about Cornwall and its doctors. He stated that doctors in the riding of Cornwall and in the SD and G area were going to begin charging for the services they normally provided free, to protest this bill which would ban them from extra billing.

This puzzles me greatly, because the doctors have told me over and over that they have no problem with extra billing. I cannot help but feel the medical profession in eastern Ontario and the province as a whole is angry because, as professional men and women, they now find themselves being treated with little or no respect for their integrity or professionalism.

Doctors are not civil servants, but the passage of this bill will change that. We should not forget that when medicare was introduced 18 years ago, the medical profession agreed to it provided they could retain the right to opt out. This is a social contract that we have a responsibility to honour. Doctors in the Cornwall area are upset because the government is tampering with a system and is bent on confrontation, rather than trying another route.

There is a challenge to be taken by the Liberals, a question of principle. Who, in the free enterprise system, has the right to arbitrarily decide how much money someone should charge for his or her services?

I come back to lawyers. Think of the outcry we would hear if this bill were called the Ontario BS Accessibility Act. BS stands for barristers and solicitors. Think of the reaction across the province.

The challenge before the Liberal government is to restore the mood of co-operation between it and the Ontario Medical Association. Sure, there were differences of opinions in the past, but at least the Progressive Conservative government always tried to avoid direct confrontation. If this government insists upon using the title of Health Care Accessibility Act, then it should broaden the scope of the bill to satisfy doctors and patients alike.

When I hear the words "access," "accessible" or "accessibility," I do not think of extra billing, nor do most of the people in this province. What comes to mind is an improved health care system. In other words, Cornwall citizens should have more access to hospital beds, sophisticated medical equipment and the latest in surgical techniques.

The member for Lakeshore (Mrs. Grier) said it well on Tuesday night when she stated how she regretted that the matter before us could not have been resolved by means of reasonable discussion between reasonable people.

We, of the Progressive Conservative Party, also regret the introduction of Bill 94.

I said before that Cornwall doctors do not have a problem with extra billing; they simply do not do it. Patients in Cornwall are very satisfied with the current system and do not like it when the government tampers with it and gets the doctors upset. Would the Speaker consider getting on a city bus, knowing that the bus driver, being upset, went out, had a few drinks and got drunk? Would he get on his bus and go for a ride?

I wonder how a patient feels going under the knife, knowing that his doctor is upset with the province over this piece of legislation. It is not a comforting situation.

Under the current system, where a doctor has the ability to opt out of the plan and is permitted to extra bill, Cornwall still has a problem attracting specialists. For example, the Cornwall Academy of Medicine spent \$5,000 recently to try to attract a psychiatrist. The academy paid the money to a Montreal firm to find the right man. The Montreal firm wrote to every psychiatrist in North America and did not get a single reply. This was under the current system, where a specialist can extra bill his patient. What hope does Cornwall have in attracting a badly needed ear, nose and throat specialist if he does not at least have the option of extra billing? It will not get the calibre of doctors it needs.

At this point I would like to read an editorial that was published in the Cornwall Standard-

Freeholder on Wednesday, January 15. The headline reads "Second Look Needed."

"Members of the Cornwall Academy of Medicine made it abundantly clear over the weekend that they are extremely upset and angry over the Ontario Liberal government's decision to ban the practice of extra billing.

"Considering that Cornwall doctors do not extra bill their patients, that reaction might at first glance seem strange. But it is very apparent that the doctors believe the banning of extra billing downgrades their professional standing while being only a government ploy to win favour with voters.

"Professionalism is a matter of great pride with the medical fraternity. And we think the Peterson government may be underestimating that factor.

"What the doctors have apparently convinced themselves of is that if the government bans extra billing, it is turning them into civil servants working at fixed rates rather than a profession which has been highly respected, almost revered, down through the ages.

"We think the government should take a closer look at the situation. The doctors aren't arguing money here. With the very odd exception, they seem quite satisfied to bill their patients at going OHIP rates and to leave things at that. But they want to remain independent professionals, setting rules and standards to govern themselves rather than being governed by the government or the bureaucracy. They do not want to be government rubber stamps.

"Surely a compromise answer is possible, one that will permit the doctors to retain their dignity and professional standing while at the same time assuring the public of good health care service at a reasonable cost.

"The doctors say the government plan has left them humiliated, bewildered and angry. Clearly, they are upset because of concern over how they view themselves within the framework of our social structure. Self-esteem is important to any group. Their own sense of professionalism serves an important function. It helps them maintain standards which are high and meet the challenges of the community.

"We fully endorse the concept of having affordable medical service available to all Canadians. But we would not like to see ethics or standards lowered just to satisfy government's political needs. Let's look at this situation again."

Mr. Speaker: Perhaps the honourable member can find an appropriate time to interrupt his remarks and continue this evening.

Mr. Villeneuve: Mr. Speaker, on a point of privilege, or it may be a point of information: Some derogatory remarks were made this afternoon because our benches were fairly empty. Half of our caucus is on the other side—

Mr. Speaker: Order. Perhaps the member for Cornwall has further remarks.

Mr. Guindon: Yes, I do.

The House recessed at 6 p.m.

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Monday, January 27, 1986

Evening Sitting

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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday, January 27, 1986

The House resumed at 8 p.m.

HEALTH CARE ACCESSIBILITY ACT (continued)

Resuming the debate on the motion for second reading of Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

Mr. Guindon: I will carry on from where I left off. The Cornwall Standard-Freeholder is a member of the Ontario Press Council. The article I quoted from earlier was published on Wednesday, January 15, 1986.

I urge the Liberal government and its allies to listen to the concerns of the people of this province, rethink and try to find a method to restore the mood of co-operation between the government of Ontario and the medical profession it seeks to regulate.

Before I sit down, I want to read part of a letter sent to me on October 31, 1985. It is from Dr. Robert W. Harris, who is a specialist in plastic, cosmetic and reconstructive surgery and surgery of the hands. He is affiliated with both the Cornwall General Hospital and the Hotel Dieu Hospital. He is also the past president of the Canadian Society for Surgery of the Hand.

On page 2 of his letter, Dr. Harris writes: "Because of the restrictive qualities of the Régie de l'assurance-maladie du Québec and the contraction in patient care facilities, such as hospital beds, operating time, etc., I had the time to spend in community affairs. Here in Cornwall, as the only doctor in my two specialties, I barely have time to brush my teeth each day. An easy day is 12 hours long and many run 15 or more. There are many emergencies generated by alcohol, Highway 401, and the various industries around town. Hardly a week goes by that we do not have a roller injury of the hand from Domtar, for example.

"All the doctors here in Cornwall work very hard, and I am impressed not only by their energy but also by their competence and devotion to their patients. It is because of this that I am very distressed to see this same nonsense developing from the provincial government that began in Quebec in 1976. Interference in the profession's

functioning has ruined health care in Quebec and the same tragedy appears to be commencing here in Ontario.

"When I made up my mind to leave Quebec at age 49 because the situation was intolerable—having to wait 48 hours to get an accident case into the operating room—I began the process of obtaining an American visa. I came to Cornwall in response to a need for a surgeon trained in reconstructive and hand surgery and was very pleased to find medicine being practised as it should be, with the attention of everyone—administration of the hospitals, doctors, nurses, etc.—directed at the patient's need.

"In two short years that situation has deteriorated. A few weeks ago I was told I could not operate after 6 p.m. on a patient with a fracture of the hand because it was too costly to bring back a nursing team for the operating room. I was offered time in the OR for the next day. In other words, budgetary considerations took precedent over professional standards.

"Is this the great health care system that the government likes to tout? It was because I was unable to practise to North American standards that I was forced to leave Quebec (une crise de conscience) and it will be for the same reason that I will leave Cornwall.

"I now have my 'green card' and will not hesitate to move on if I see the situation becoming unacceptable here. Medicine is a great profession and I have no intention of betraying it by practising below the standard I have learned and tried to maintain over the years.

"If the Ontario government wants to cut costs by closing beds and restricting access to operating room facilities, the quality of care will obviously descend. The concern of the people's representatives should be to find new money to fund the system. The private sector should be brought back in to share the responsibility for the rapidly expanding health needs of the public. You cannot expect progress to be made by cutting back, but the public purse does not have to be exhausted either.

"The system has encouraged overutilization. Every week half the operations I perform are unnecessary, but people insist on having them since they are insured benefits: moles, cysts, etc.

"I like Cornwall and its people.

"I think the community likes having a specialist in plastic and hand surgery here. In all humility, I think Cornwall needs a reconstructive surgeon. Transfers to Ottawa and Kingston are often risky and dangerous, let alone inconvenient to the patients and families. I am certainly prepared to accept the responsibilities that go with this position, being the only one in a specific field, but I am not prepared to accept the doctor bashing that is becoming more and more audible. It may be political expediency but I do not have to put up with it. The human body is the same in the United States, and I have all my papers in order so the message should be clear: lay off or I am gone.

"Sincerely yours, R. W. Harris, MD."

I have here photocopies of documents Dr. Harris has obtained from the US authorities. He is registered as a resident alien and has a licence to practise medicine in the state of New York.

I said earlier this evening that doctors have no problem with extra billing. I have told members why the doctors in Cornwall are so angry over this bill, which would ban extra billing. Cornwall cannot afford to lose the expertise of Dr. Harris or any other specialist who may choose to leave us. We are fortunate to have the services of such men and women. It would be criminal if they are forced to leave because this bill will not permit them to stay.

Mr. McClellan: I welcome the opportunity to speak briefly in this debate. Many of my colleagues in the New Democratic Party have already spoken, and we all have an enormous degree of pride and satisfaction in the fact this legislation is before us. We hope that in a very short time, a matter of weeks or months, it will be passed into law and extra billing, which has been a threat to the universality of our medical care system, will be a thing of the past.

8:10 p.m.

For us, the issue is very simply a question of whether a universal medicare system continues to survive in Canada or is allowed to disintegrate as it did in Australia and New Zealand through the process of extra billing, privatization and the reintroduction of co-insurance. For the past eight or nine years, a gap of 30 per cent to 40 per cent has existed between the Ontario Medical Association fee schedule and what the Ontario health insurance plan is prepared to pay doctors. If that situation is allowed to continue and a significant minority of specialists—

An hon. member: A minority?

Mr. McClellan: Of course it is a minority. It has always been a minority and regional phenomenon, what health analysts have called a cluster phenomenon. In some parts of Metropolitan Toronto, obstetricians have opted out at a rate of 100 per cent. For example, one cannot find an opted-in obstetrician in North York. We are talking of a difference of \$600 or \$700 between what obstetricians charge and what the insurance plan will pay for births.

In our major hospitals in Metropolitan Toronto, all the anaesthetists are opted out. In this city, every single anaesthetist is opted out and they all extra bill. Unless one is prepared to undergo surgery without benefit of anaesthesia, a practice I recommend heartily to my Tory friends to prove their dedication to the principle of free enterprise medicine, one is faced with bills in the order of hundreds of dollars.

We are not talking about an insignificant problem confronting patients in our medical care system. It is a major threat to universal health care that has been with us in Ontario in a significant way for almost 10 years. If it is allowed to continue, it is simply a question of time before people insist that they be permitted to take private insurance to cover the gap between what medicare pays and what the doctor-specialist charges. It is as simple as that. Once that happens, medicare is a dead duck.

That is what killed medical insurance in Australia and New Zealand. The gap was permitted to widen between what the doctor charged and what the insurance plan was prepared to pay. The private insurance companies were allowed to come back into the field and provide private coverage on top of and in addition to medicare and medicare was dead and buried. If we think that could not happen here, we are deluding ourselves. We are crazy. It would simply be a matter of time before exactly that happened.

This is not just my peculiar view. It is the view of virtually every health planner and analyst outside the Ontario Medical Association who has looked at the question, including Mr. Justice Emmett Hall. He studied the matter in a royal commission and came to the conclusion that we must do what we are doing here in the Legislature right now and end extra billing.

It has been a long campaign. I was reviewing the Hansard of the Ontario legislative debates earlier today. It was initiated by the New Democratic Party in 1978. We have been asking first the Conservative government and now the new Liberal minority government to end extra

billing for eight years. An interesting process of conversion has taken place during those eight years in response to the demand of public opinion. The public in this country has demanded that medicare be protected and that governments at all levels, federal and provincial, take action to ensure it is protected.

In 1982, the federal Liberal Party in Ottawa adopted the view that extra billing had to be outlawed. In the historic month of September 1983, the provincial Liberal Party changed its position that extra billing was an essential safety valve, repudiated that policy and took the position we had taken since 1971 that extra billing was a threat to medicare and could not be tolerated. In 1984, the parliamentary group of the federal Progressive Conservative Party in the House of Commons in Ottawa took the position that extra billing had to be outlawed. When the legislation was introduced by the Liberal government in Ottawa, it was supported by every Progressive Conservative in the House of Commons.

Hon. Mr. Kerrio: Are you sure?

Mr. McClellan: I am positive.

Hon. Mr. Kerrio: Is that on the record?

Mr. McClellan: Vince, for once I know exactly what I am talking about.

Mr. Cousens: The member should not call the minister by his first name.

Mr. McClellan: The member for Niagara Falls. The minister will know exactly whereof I speak.

We are enacting companion legislation to the legislation that was passed—

Mr. Martel: Look at this. The handsome waiter just came in.

Mr. Rowe: Look at the Minister of Consumer and Commercial Relations (Mr. Kwinter). He has been out wine tasting.

The Deputy Speaker: Will the member for Bellwoods please carry on? That is not the Deputy Speaker coming in.

Mr. Martel: He is a handsome waiter.

Mr. McClellan: I am struck speechless by this apparition that has come into the House. I think the minister should dress like this all the time.

We are here to pass companion legislation to the enabling legislation that was passed by the House of Commons. It has imposed a dollar-for-dollar penalty on every province that permits extra billing. For every dollar doctors extra bill their patients, the federal government withholds a dollar of transfer payments.

That is what is happening here. We are following the lead set unanimously by the House of Commons. We are enacting enabling legislation that has already been enacted by Nova Scotia, Manitoba, Quebec, British Columbia and Saskatchewan.

To listen to the language of the Progressive Conservatives in this Legislature, one would think the War Measures Act was being reintroduced in a more draconian way, or at least that they supported the War Measures Act.

Mr. Martel: They supported the War Measures Act.

Mr. McClellan: I cannot believe they supported the War Measures Act.

The member for York Mills (Miss Stephenson), the former acting Minister of Health, the member of the Ontario Medical Association who was president of the OMA when medicare was introduced in 1971, who invented opting out as the first doctor to opt out of medicare in Ontario, described this legislation as an act of terrorism.

The leader of the official opposition, the member for St. Andrew-St. Patrick (Mr. Grossman), described it as a hand grenade lobbed into the health care system. If one can believe it, other members have been even more intemperate and inflammatory in their language. I wonder what mischief they intend by that inflammatory rhetoric, that confrontational language.

I know something about the use of hard rhetoric in this Legislature, but I would be embarrassed to use the language of terrorism and guerrilla warfare to describe legislation that safeguards and protects universal medicare. I wonder what mischief is in the minds of those who use this kind of rhetoric and what their purpose is.

I notice the Leader of the Opposition is travelling around the province. He has given up trying to make any impact here in question period. Instead, he has decided to go out on to the highways and byways and is reported to be giving tactical advice to various OMA chapters.

8:20 p.m.

Mr. Martel: I hope he continues it.

Mr. McClellan: I am not so sure. With the example he has set here in the Legislature of wretchedly excessive rhetoric, is it any surprise that shortly after his first seminar to the leaders of the OMA about the best way to approach this issue so the public will really understand what the Conservatives are saying, the president of the OMA is quoted in the *Toronto Star* as saying this

legislation will make Ontario doctors worse off than doctors are in the USSR?

We are now going full circle. It is hard to understand how legislation that was eagerly supported by Brian Mulroney when he was in opposition, then eagerly supported by Brian Mulroney during the election campaign and now eagerly supported by Prime Minister Brian Mulroney now can be described as the very essence of Russification and communization, to say nothing of—

Mr. Polsinelli: Maybe they are not Progressive Conservatives, just conservatives.

Mr. McClellan: I do not know. I am also amazed at the misanthropic view of doctors that is held by my Conservative colleague the member for Lincoln (Mr. Andrewes). It was not the member for Lincoln; he would never say that. It was the member for Durham-York (Mr. Stevenson).

The member for Durham-York, who is normally a very calm and almost placid spokesman in the Legislature, was heard ranting and raving on January 21 to the effect that in Quebec, because extra billing has been outlawed, "it is common knowledge that all sorts of cash is changing hands under the doctor's desk in Quebec." In other words, this usually quite sensible member is alleging that because extra billing is not permitted in Quebec, the only way one can get specialist care is to bribe the doctor by payments of cash under the table.

He goes on to say, "The minister is putting the professional people in this province in a position to be crooks." The member for Durham-York, a minister of the previous government, expresses the view that it is necessary to bribe doctors in Quebec to get care if they do not extra bill and that if we pass the legislation we will have to bribe them here in Ontario to get service.

This is one of the most appalling pieces of nonsense. I have been here for 10 years and I have heard a lot of nonsense; I may even have contributed a lot of nonsense. However, I have never heard anything quite this stupid, and I say that with great respect and with a great deal of sincerity. I have never heard anything as bizarre as the proposition put forward by a previous cabinet minister that if extra billing is outlawed in Ontario, we are going to have to bribe our doctors to get medical care.

What is going on in the minds of my Conservative friends? Have they been so traumatized by their fall from office that their brains have been curdled?

Mr. Martel: Scrambled.

Mr. McClellan: Scrambled, whatever. They are certainly not making any sense. If they believe that somehow this kind of anti-doctor rhetoric is going to appeal to their local chapters of the OMA, I find it incomprehensible.

I do not know who is advising the Conservative caucus these days, but they are providing a gold mine of ammunition for their political opponents during the course of this debate that I assure them will be mined assiduously in the weeks and months to come.

The kind of irresponsible, wildly excessive and libellous anti-doctor rhetoric that has been used by the Tories during this debate ascribes to the medical profession the most venal and unprofessional motives I have ever heard ascribed to any professional group. I assure the members that these quotes will come back to haunt them because the people of this province are not interested in that kind of self-serving nonsense.

It may be the Conservatives are still sufficiently uncomfortable with the opposition role that they think if one is in opposition, one can get away with saying anything about anybody. I assure the members, from sometimes sorry experience, that is not so. A member of the opposition is just as accountable for what he says in here as is a member of the Treasury bench. I predict some members of the Conservative Party will be very sorry for some of the things they said during the course of this debate.

Mr. Jackson: We will have to go to the United States for an operation.

Mr. McClellan: One of the Tories said one would have to go to the United States. That is the kind of scare tactic the Tories are running during this debate: If one ends extra billing, one will have to follow one's doctor to Texas and pay \$35,000.

The doctors are coming back from Texas because we have a better health care system in Ontario. Medicare has been a great boon to the medical profession. Doctors do not have to worry about unpaid bills and they have guaranteed annual incomes that average in excess of \$80,000. They also do not have to hire collection agencies or bodyguards.

It is a strange tack the Conservative Party is on, as it sails into the far right, trying to appeal to what Dalton Camp respectfully calls the "cashew coalition." Perhaps the Conservatives have identified a new constituency out there, an orchard of cashew trees waiting to be harvested, and they

intend somehow to try to appeal to every reactionary voice in our community.

There are lots of loud reactionary voices, but the people of this province are not interested in that kind of extremism; the previous Premier, William Davis, knew and understood that. The kind of extremist position the Conservative Party is taking in this debate will lead to some very interesting results whenever the runoff election takes place.

The issue is very simple: Will medicare survive or will we have a two-class health care system, with those who are rich enough able to buy the services they need on the private market and those who cannot afford to do so, subsidized by a welfare system as they are in the United States? That is the choice in front of us.

I am amazed when I listen to members of the Conservative front bench in question period and in this debate, especially the previous Health ministers, the member for St. Andrew-St. Patrick (Mr. Grossman), the member for Don Mills (Mr. Timbrell) and the member for Cochrane South (Mr. Pope). I listen to them criticize the government for taking a legislative approach and saying the solution should be negotiated with the OMA. Give me a break.

8:30 p.m.

The government of William Davis tried to negotiate a settlement with the OMA on extra billing each year from 1978 to 1985. I remember the member for Don Mills coming before this House on March 29, 1979, and proudly announcing his agreement with the OMA which was going to solve all the extra billing problems. He had negotiated an agreement, and no doctor would extra bill a patient unless they had given a previous consultation giving advance notice; if he did not give advance notice, the patient would not have to pay the bill.

The member for Don Mills proudly announced he had this agreement with the OMA. Four years later it turned out there was no agreement. The agreement was not worth the paper it was not written on; there was no agreement. The minister had a verbal understanding of sorts with the OMA such that his successor, the member for St. Andrew-St. Patrick, had to admit to the Legislature there was no agreement between the Ontario government and the OMA with respect to extra billing.

The minister of the day, the member for St. Andrew-St. Patrick, undertook to negotiate further with the OMA. He negotiated so successfully that we had a strike. In 1982, we had the first doctors' strike in the history of Ontario. That

was the accomplishment of the successor to the member for Don Mills, the member for St. Andrew-St. Patrick, in using the negotiation route.

We had a strike. We had not even had a strike when medicare was introduced in 1971. It took the unique diplomatic and negotiating skills of the Leader of the Opposition (Mr. Grossman), his unique set of charming and sensitive human relations skills, to precipitate us into the first medical strike in our history.

How did he get out of that strike? Did he negotiate his way out of the strike? No, he bought his way out of the strike with \$1 billion worth of the taxpayers' money. The settlement of the 1982 doctors' strike cost the Treasury \$1 billion over the life of the agreement. I will not go into the lugubrious details of the terms of the agreement, except to say it is the most generous settlement in the history of collective bargaining in Ontario.

Mr. Martel: We should have him bargaining for us.

Mr. McClellan: Everybody should be lucky enough to be bargaining against the member for St. Andrew-St. Patrick. We would all be millionaires.

The fact remains that the health care budget of this province has increased by almost \$1 billion since 1981, and all that money represents the \$1-billion settlement extracted through the negotiating skills of the then Conservative Minister of Health.

Despite the payment of \$1 billion in additional fees and a fee schedule under the Ontario health insurance plan that has kept doctors at the top of the economic pyramid in our society, a minority of doctors are still insisting on their right to squeeze even more money out of their patients and to put the medicare system at risk.

Quite frankly, despite the rhetoric that appears daily in the newspapers, I do not believe the majority of family practitioners in Ontario, almost none of whom extra bill, are prepared to punish their patients for the sake of a tiny minority of specialists who are intent on gouging their patients. I do not believe it.

I know it may disappoint my Conservative friends that the doctors may not storm the barricades, that there may not be another strike. I do not think there will be. I think once the law is passed, the medical doctors, like most people in this province, will obey the law and that will be that. Medicare will be safeguarded and we will be able to get on with the job of meeting the health care needs of the people of this province.

I say again, as many of my colleagues in the New Democratic Party have said during the course of this debate, we are proud of the role we have played in the campaign, both here in Ontario and in the House of Commons in Ottawa, to end extra billing. It has been a long haul, lasting more than eight years and involving many thousands of people. At one point, a petition with 250,000 signatures was gathered and presented to this Legislature.

It is a great day for the people of Ontario when their government has brought forward legislation that will end extra billing and keep medicare as something that is universal and protects every man, woman and child from the potential economic catastrophe of illness. We will not allow our Conservative friends to destroy medicare.

Mr. McFadden: The best thing one can say about this bill is that it is short. We often deal with long and sometimes convoluted pieces of legislation, and this bill is neither long nor convoluted. It is remarkable, however, how much damage and disruption such a small bill will cause to the delivery, range and quality of health care services in Ontario. It reminds me of a nuclear device that may be small in size but can cause a tremendous explosion and devastation over a broad area when detonated.

This bill has set in motion a chain reaction that could do widespread and permanent damage to relations between the government and the medical profession but, more important, widespread and permanent damage to the health services provided to the people of Ontario. In my opinion, this legislation is wrong from professional, practical and moral points of view.

The problem starts with its name, the Health Care Accessibility Act. It does not deal with accessibility to health care in any truly meaningful way. The title is misleading and mischievous. It is misleading to the public since it does not in reality make health care services more available to the people of Ontario and may well cause the reverse to occur in practice. It is mischievous because it is insulting to the thousands of fine doctors, dentists and optometrists who in a dedicated fashion provide services that are fully and readily accessible to every person seeking their help and advice.

When we get past the misrepresentation of the title of the bill and turn to its substance, it is clear this proposed legislation is an attack on the medical profession the government will come to regret because of the damage it will cause. If the damage were simply to the reputation and record

of the government, I would not care; however, the damage will be far more serious than that. If this bill ever becomes law, in the end it will shatter the essential working relationship and trust between the government and the medical profession and could lead to a major deterioration in the quality of health care in Ontario.

Many people make the wrong assumption that the opposition of the Ontario Medical Association and its membership to this bill is based primarily on a concern about doctors' incomes. This is not the basis for the medical profession's opposition to the legislation. Anyone who assumes this is making a fundamental and dangerous mistake. As does anyone in society, doctors like to make a good living. This is only natural, and doctors deserve to make a good living in the light of their level of training and expertise and the vital, often life-or-death importance of their work.

8:40 p.m.

The real basis for the opposition of the medical profession to this bill is the attack it makes on the freedom and independence of the profession and the punitive and draconian sanctions set out in it. Doctors believe the right to bill above the OHIP fee schedule is a fundamental freedom which is absolutely essential for the maintenance of their status as a self-governing profession.

I know the desire of the doctors to maintain this right is repugnant to my friends to the left and their fellow travellers, the Premier (Mr. Peterson) and the Minister of Health (Mr. Elston). However, the proof of this can be seen in the fact that 88 per cent of physicians today in Ontario are fully opted in and of the remaining 12 per cent, a large majority follows the OHIP fee schedule.

Yet with the exception of a small, even infinitesimal, number of doctors, the profession is overwhelmingly opposed to the government's legislation, as the meeting of the Ontario Medical Association's provincial council proved on January 18.

The concerns of doctors about this loss of freedom was brought home to me recently by two family physicians who care for myself and members of my family. One is a man in his late 70s who served with distinction as a doctor in the front lines in the Second World War and has practised medicine in North Toronto with tremendous devotion for decades. Carrying out his practice in an office located in his residence, this doctor is always available at night and on weekends for his patients who need him. He will make house calls. Yet he is fully opted in and has

never billed above the OHIP schedule at any time in his practice.

The second physician is a younger man, in his early 40s, who carries on a busy practice in partnership with another doctor. He is hardworking, with a thriving practice, and has an excellent reputation for first-class service for his patients. Like the first doctor, he is also fully opted in.

While these doctors are a generation apart, they also have another thing in common. They are completely and utterly opposed to this bill because they fervently believe it is a flagrant attack on their profession and on their personal freedom. Both have told me in no uncertain terms what they think of this legislation and how vehemently they are opposed to the policy direction of this government in the area of health care.

The vehemence felt by doctors about the government's legislation is reflected in a recent letter sent by a constituent of mine, Dr. Gordon Yanchyshyn, to the Premier, dated January 6, 1986, a copy of which was sent to both the Minister of Health and myself.

Dr. Yanchyshyn, who specializes in adolescent psychiatry, wrote as follows:

"I am writing to strongly protest your government's proposed legislation on physicians opting out. The scope of the proposed bill and the haste with which you are attempting to ram it through the Legislature are interesting indeed. The proposals are both intrusive and dictatorial, suggesting a strong anti-professional bias.

"Your Minister of Health has repeatedly demonstrated his ignorance about the root causes of the inadequacies and uneven distribution of health services in the province. In addition, he shows no understanding of the reasons that certain specialties in particular opt out of OHIP, nor does he care to understand.

"Targeting opting out as 'bad' misses the mark. You have alienated the medical profession in the process and set a tone of confrontation rather than negotiation. I suspect this is just a hint of things to come."

Another physician who I think typifies the real nature of the doctors' opposition to this bill is Dr. Earl Myers, the president of the Ontario Medical Association. Dr. Myers and his wife Ethel have been friends of myself and my family for a number of years. Dr. Myers is a quiet and warm individual who is a dedicated physician and a highly respected specialist in his field of medicine. He is also fully opted in.

Dr. Earl Myers has never charged above the OHIP schedule; he is a fully opted-in physician.

Yet he is diametrically opposed to Bill 94 because of the arbitrary way the government has acted in introducing this legislation and the threat it poses to the freedom of the profession. Dr. Myers is far from being a radical, but he is prepared, as he has stated repeatedly, to fight the government in every way possible to stop this legislation.

His concern about the Union of Soviet Socialist Republics, which was commented on by the member for Bellwoods (Mr. McClellan), is something Dr. Myers believes strongly and personally. It is not in character for him to make remarks such as that, but he is so upset about what he sees this government doing—

Mr. Warner: Poor Mr. Myers.

Mr. McFadden: I would not say "Poor Mr. Myers." He is an excellent physician. He has provided excellent service to thousands of people for more than 40 years, and I do not think he deserves snide remarks from any member of this House.

The deep philosophical opposition of the medical profession to this bill should not be underestimated or sneered at. Doctors look on this legislation as a direct and vicious attack on themselves personally and professionally, an attack that will have a negative effect on health care in Ontario. Doctors, however, are not the only people who have seen the true character of Bill 94. I find it interesting that many newspapers have recognized the negative nature of this legislation.

The Ottawa Citizen editorial on December 21, 1985, entitled "Declaring War on the Doctors," said: "Is it legislation, or is it blackmail? It's a valid question in the wake of Ontario's harsh assault on extra billing by doctors. The editorial continues:

"That the Liberals banned extra billing is no surprise: they have been promising to do it ever since they wrested power from the Conservatives last June. But their uncompromising approach seems almost deliberately provocative, as if the government actively wants a confrontation with the doctors.

"The government either doesn't realize, or has wilfully ignored, that banning extra billing has complex psychological implications for many physicians. As long as they have the option to set their own fees, doctors can view themselves as independent professionals. Once their incomes are fully within the power of governments to determine, they become glorified civil servants, beholden to capricious and arbitrary politicians

for their livelihoods—and subject to even more controls and restrictions.

"This is a signal change in the profession's self-image. If the Liberals are determined to ban extra billing, (despite the suspicion they are motivated more by politics than policy), they should have the maturity to deal sensitively with those genuine fears.

"As a group, doctors are among the most skilled, dedicated and essential members of society. They don't deserve to be singled out as targets by self-serving politicians in a populist appeal for votes."

The Toronto Sun ran an editorial on January 8, 1986, under the heading "St. Nightmare." It stated: "While Elston hems and haws about the problem of cancer hospitals and offers amounts of two million here, a million and a half there, the estimates of how much is really needed are soaring—from \$110 million for cancer centres last June to \$150 million yesterday, to a quarter of a billion in 10 years.

"These figures are just for cancer care. They don't include the needs of general hospitals. It's a nightmare in the making. It's past time to wake up and do something.

"Yet Elston and the Premier have surveyed the health scene and decided nothing is more important than to make war on the very men and women who have made our hospitals work through the good years and the lean years.

"So their priority is not cancer care or hospital funding but to turn doctors into white-collar criminals—and their patients into squealers—just because a comparatively few doctors charge more than the government wants.

"When these political lawyers operate, the patient is lucky to live."

8:50 p.m.

That is the Toronto Sun. I would like to move to London, the home town of the Premier. The London Free Press has published two editorials against the government's current legislation. Obviously, the Premier does not read his home town paper. The latest editorial, contained in the December 21 edition of the paper and entitled "Draconian Slap at Doctors," states:

"Notwithstanding Elston's claims, the transparent reasons for the extra billing ban are not medical but political. Provincial Liberals, in conjunction with the New Democratic Party, have decided that the contractual rights of doctors should be drastically curtailed in the public interest.

"Moreover, the draconian nature of Elston's bill suggests an element of vindictiveness against provincial doctors."

That is from the London Free Press.

Finally, the Kingston Whig-Standard had a lengthy editorial on this subject on January 14 under the heading "Prescription for Disaster." The editorial, which covers a large part of the editorial page, reads as follows:

"There is an old farm expression, 'If it ain't broke, don't fix it.'

"Why are doctors in Ontario now facing a situation that many feared would come to pass when Canada first embraced medicare almost two decades ago? Was there a great groundswell among the population concerning medical treatment, opted-out doctors or exorbitant fees?

"The answer is no.

"Why, then, do we have legislation pending before the Ontario Legislature which for all intents and purposes will control doctors' incomes? The reason is political opportunism at both the federal and provincial levels....

"Politicians feel they are on safe ground. All the surveys, including one done by this newspaper, show that the public, having not had to worry about the financial ramifications of illness for the past 17 years, is quite used to having this perceived free service and doesn't want to pay any doctor bills. Since doctors have considerably more income than the average, the average response is that doctors have plenty of income. However, if we wish to continue to receive the level of service we are now receiving from our physicians, doctors must have a financial incentive to work long hours and provide their own benefits.

"It is much easier for a physician to work within OHIP than to opt out. But the opting-out provision has provided a safety valve. It is a sensible way for doctors to demonstrate their frustrations if the government sets unreasonable fee levels.

"The real crisis in health care costs is not doctors' incomes but the success of our medical treatment. The population is living longer, and the older we become, the more medical treatment we consume. An ageing population will continue to push up medical costs. We are going to have enough problems coming to grips with these increased costs without grinding down our physicians in the process.

"The proposed legislation should not be passed in its present form. If it is, there is no doubt in my mind that we will rue the day that we deliberately told our most important group of medical professionals that they can no longer function except as employees of the state."

That comes from the Kingston newspaper that endorsed the Liberal Party in the last provincial election.

These editorials have recognized the unfairness of the legislation and the draconian attack it represents on the medical profession. The minister perhaps lives under the illusion that he can bulldoze this legislation through the House, present the medical profession with a fait accompli and expect it to bow down and carry on just as before. This will not happen, because the doctors will not take this lying down; nor should they.

One has to ask why the government chose to set loose this whirlwind within such a vital area of service to the people of Ontario. It is based on politics pure and simple. It seems to be good politics, based on public opinion polls, to push around, intimidate and pillory the doctors of this province. The fact that it is bad for the health care system is of little consequence to this government.

The way in which the medical profession was treated in the period leading up to the introduction of the bill and then in the legislation itself proves that the whole concept of open, consultative government paraded around by the Premier and his minister is a complete and utter charade. The government's claim to be open and consultative is, to quote from Shakespeare's *Macbeth*, "a tale told by an idiot, full of sound and fury, signifying nothing."

While the lack of real consultation and dialogue points to the political agenda which is at the base of Bill 94, the most disturbing aspect of the bill is its failure to deal with the major substantive issues facing health care. One might be able to justify the tremendous acrimony and bitterness generated by this legislation if the bill addressed the mammoth challenges that we will face in the delivery of health care in the years ahead. The bill not only fails to address these challenges but also threatens our ability to meet the challenges in the future.

The government has failed to make a case for the public need for this kind of draconian legislation. Given current legislation and programs now in place, the vast percentage of opted-in physicians who are charging the OHIP fee schedule, and even those opted-out physicians who are charging the OHIP fee schedule, few, if any, Ontarians are being denied good medical care. Poll after poll has shown that the vast majority of Ontario residents are happy with the current health care system and believe it provides first-class service.

The very legitimate concern about the extra billing of senior citizens and others on limited income could have been satisfactorily negotiated with the Ontario Medical Association if the government had been prepared to sit down and talk with the doctors without arbitrary preconditions.

Mr. Warner: They refused to talk.

Mr. McFadden: They were prepared to talk about that.

Mr. Warner: The OMA refused to talk.

Mr. McFadden: As a precondition they were not prepared to negotiate extra billing, but they were prepared to sit down and talk about all these other things.

The Acting Speaker (Mr. Morin): Order.

Mr. Warner: Talk to the seniors about that.

Mr. McFadden: As a principle, senior citizens should not be billed above the OHIP fee schedule for any medical services. We should accept that as a principle. Senior citizens should never be billed above the OHIP fee schedule.

When viewed as a percentage of the total amount of doctors' services provided to senior citizens in Ontario, only a very small fraction results in any form of extra billing. I argue that even that fraction should not exist.

However, the OMA was and is now prepared to end all extra billing for senior citizens. The government could have talked to the doctors in good faith and negotiated this result. This matter was open to negotiation and could have been settled; but the government was not looking for a settlement in this case, it was trying to score a political point.

Mr. Warner: The OMA would not negotiate.

Mr. McFadden: We have a claim here that the OMA was not prepared to negotiate. That is not true. The member for Scarborough-Ellesmere might check with the OMA to clear up the fact.

The government has dressed up this draconian legislation under the guise of accessibility. If there is any real problem of accessibility, it relates to the availability of hospital and chronic care beds and the lack of various treatment facilities in a rapidly ageing society. The bill does not touch on those issues which are at the heart of accessibility, and yet it purports to be the Health Care Accessibility Act. It does not deal with these important availability issues.

9 p.m.

While accessibility is an absolute prerequisite for any health care delivery system, surely the

most important priority must be the quality of the health care offered. Our goal should be to ensure that every Ontarian can secure the best medical treatment available anywhere in the world right here in this province. We have been able to achieve that goal in Ontario at present.

All one has to do is witness the large number of patients who come to Ontario from across Canada and around the world for medical attention. These people would not be coming to Ontario from the western provinces and the Maritimes, from the United States, the developing world, and even from Europe, were we to have a crummy medical profession, a bunch of scoundrels practising medicine or a medical profession we should kick around and pillory.

In Ontario we have a medical profession of which we can truly be proud and whose competence and accomplishments are recognized by patients and practitioners across Canada and around the world. We should be proud of our practitioners. We should be prepared to negotiate with them openly and in good faith. This bill gives no acknowledgement of that whatever. Fundamentally, this short, mean bill effectively denigrates the outstanding work of our physicians.

More than this, will this bill enhance the quality of future health care in Ontario? Will it encourage top-flight medical research to be done here? Will it influence the best specialists to practise in Ontario and to develop treatments and procedures that will lead the world in caring for the sick and in curing illness? Will this bill establish the essential foundation for a working relationship between physicians and the government based on mutual trust and respect? The answer to each of these questions is a resounding no.

This whole matter was brought into focus in a recent discussion I had with one of the top cancer researchers in Canada, indeed in the world. This researcher, who secured his doctorate in Europe, is a member of a number of major international research bodies and is frequently invited to address medical groups across Canada, in the United States and abroad. He personally attracts hundreds of thousands of dollars a year to this country for cancer treatment and research.

This researcher told me that experience throughout the world has clearly proven that legislation of this type over time—not instantaneously but over time—will cause the departure of many of the best medical specialists from Ontario and will discourage medical specialists from coming to this province from other countries.

The negative atmosphere surrounding this legislation creates the very real threat that Ontario will become a medical backwater. This creates the possibility that Ontarians may be forced to leave this province to secure sophisticated treatments that will not be developed or applied in our hospitals because they simply will not have the specialists to do them.

This is quite a bill. It has created a sense of hostility and betrayal within the medical profession that could sour relations between government and the medical profession for years to come. It represents an unjustified attack on the rights of a self-governing profession which has provided first-class medical attention and service for the people of Ontario.

This bill fails to deal with the real issues of accessibility or to address the quality of health care. In fact, it stands to put in jeopardy the excellent health care system we have developed over the decades in Ontario. I would urge the government to suspend further action on this legislation and to sit down with the medical profession without preconditions to develop in a co-operative manner a strategy and a program to deal with the real health care issues in Ontario.

Mr. Cousens: I would begin by offering my compliments to the member for Eglinton (Mr. McFadden) on an outstanding presentation of the facts. It was a fine discourse in the tradition of the riding of Eglinton, following on from the former member, the Honourable Mr. McMurtry. I am sure his constituents will be proud of what he said. I for one learned from his outstanding contribution this evening.

We are talking about a very important bill, Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

Hon. Mr. Bradley: Is the member for Sunday shopping?

Mr. Cousens: Take a powder. The minister likes his own voice, but there are times when we really get tired of hearing his interjections, which have nothing to do with this important legislation before us.

Mr. McClellan: I remember the member heckling me 10 minutes ago.

Mr. Cousens: That is different.

Mr. Speaker: I wonder if I could get the discussion back on track and forget the verbal spills.

Mr. Cousens: The Minister of the Environment (Mr. Bradley) is full of it and we appreciate the fact he is in the House, even if his brain is not.

I am speaking to this bill on behalf of all the constituents of my riding of York Centre, a large riding to the north and east of Metropolitan Toronto, including the communities of Markham, Unionville, Thornhill and Richmond Hill, a community of close to 180,000 people, bustling with industry and growing at 250 to 300 people a day who require the kind of services we are talking about in this bill.

We are talking about a community that already has two hospitals and a third on the way. We have one of the finest institutions in York Central Hospital in Richmond Hill, which represents the best of what health care is all about. Although it is tight to provide all the services that are needed because of the growth in the region, none the less, the spirit that the staff, the doctors and the administration of that hospital give to its patients is a credit to the health care system in this province.

The second hospital is the Shouldice Hospital in Thornhill, where people come from around the world to receive treatment, a very excellent form of treatment the Shouldice family has instituted for hernia. I am proud of the fact it has been able to do so much for so many people. Some in this House have benefited from its services.

We are also building a third hospital, the Markham-Stouffville hospital, which is in progress now and will be built within the next couple of years.

In speaking to this bill, I speak on behalf of my constituents, who need and require quality health services. They have come to expect it. They are able to receive it within our own community, and if not they have been able to travel just a little south of the border of Steeles Avenue to Scarborough Centenary Hospital, Scarborough General Hospital or North York General Hospital. There our province has been able to provide this basic fundamental service which until now people have taken for granted.

I know the accusations the third party likes to throw out that one is a spokesman on behalf of the doctors. That party's members can speak for themselves. None the less, I have a great admiration for doctors. As one who has occasionally had to use them, without exception I have found exemplary the care, concern and compassion the medical profession has been able to show.

We should not for a moment forget that the medical profession is a called profession. It is a dedicated one. In taking their oath, doctors have taken it seriously. Despite the fact there have been some statements in the media and by some

physicians, deep down there is a genuine and true concern for the people of this province on the part of our medical profession.

In this debate, we have to respect that general practitioners, specialists and doctors of all kinds in our province are now feeling they are like prisoners condemned to death. It is now a matter of choosing the means of execution. There are people who feel threatened by the changes that are being recommended by the government in this bill. Unless the government changes its point of view and its mind, there is going to be a great let-down within that profession.

I believe that can have a serious, deleterious effect on the future of health care in this province. Why is the new government creating an atmosphere of confrontation and hostility to the point of being tyrannical, to the point where doctors are feeling quite hurt by the outrage the government seems to be throwing at them? What we are seeing is a new atmosphere, one of confrontation, and it is going to affect the ongoing quality of our health care system.

9:10 p.m.

I genuinely believe there is a need for consensus and for consultation and that through dialogue and sitting down together there will be a new spirit that can continue in the tradition that existed in the past. It is not always an easy relationship, but it is one in which discussion takes place, one in which people sit around the table and come with a common desire to continue to promote quality health care.

I resent, and many people in this province resent, the fact that there is now a questioning fear of what has happened to our health care system. If we see the continuation of this bill, as we did with the arbitrary action of removing QCs and the arbitrary action through the spills bill, which is now having a serious effect on insurance companies, farmers and truckers, we will move into a new age in the health care system in this province; and that makes me and many others very unhappy.

We have to broaden the context and look at the entire health care system in the whole context in which we live as Ontarians and as Canadians. We have to look at the total cost of health care. It is one of the largest expenditures for the province. We have come to expect that it is going to be an excellent system.

The sum of \$50 million in transfer payments that we are losing from the federal government can be compared with the many millions of dollars that are going to be spent by the government in trying to woo the doctors back

into a negotiating stance. The cost is going to go up in spite of the fact that we will get the \$50 million that will be owing to us for the three years. The increase will far exceed that dollar value in the kind of tradeoff the government will have to make to negotiate and win back any goodwill.

We are imposing a system that in the long term will have very serious, detrimental effects. We run the risk of losing many specialists, many qualified medical practitioners who will move from our country. They have been morally bound to provide a service to their patients. Now we will hear them say instead, "If we are treated this way, if this is the way the government really thinks of us, then why stick around?"

That is going to be a problem in Ontario as it was in Quebec. If I have time in this speech, I would like to draw on some of the experiences Quebec has had.

There are two fundamental premises to the health care service that our province has come to take for granted. I will get to Nova Scotia and to the other provinces as well. I would be pleased to do so, because what we are seeing in this province is not a useful approach by the government to the physicians; it is going to be nothing but harmful in its future effects.

Like all of us in this House, I believe in accessibility. All we have to do is to look to the United States and to Britain to realize that we have accessibility and that there are ways in which we can meet and address the concerns brought up in the Canada Health Act.

I further believe that the issue in health care goes far beyond extra billing. It has to do with meeting the needs of our whole community. There are new concerns about acquired immune deficiency syndrome; we have not solved that one. There are new concerns about cancer; we do not know what to do about that. Though we are putting more money in, it is still not sufficient to meet all the needs. We have chronic care needs and we have nursing home needs.

Our province has an ongoing need for more and more health services. It requires a commitment by legislators, by the government, to sit down and talk and in that conversation to come up with the kinds of compromises and the kind of consensus that allow us to continue to work together.

Why is the Liberal government pushing this legislation through? It is a rhetorical question, and I have a number of answers that I think begin to address just why it is doing this.

Is it because of the accord? The accord certainly is a part of it. I have a copy of it here with me. It is the Agenda for Reform: Proposals for Minority Parliament. In reading through the accord, document 2, Proposals for Action in First Session From Common Campaign Proposals, to Be Implemented Within a Framework of Fiscal Responsibility, the third item down says, "Ban extra billing by medical doctors."

Therefore, the accord has had a certain part to play in why the government has brought this bill forward. It is to the credit of the New Democratic Party's diligence on this issue.

Mr. Warner: Does the member want us to take a bow?

Mr. Cousens: To the member's own integrity, I respect the fact that he has fought against extra billing for a long time. It now is on the government's agenda largely because of the persuasion of the NDP. It was one way of getting the government in. That has to be seen as one of the reasons the government is doing it, but I do not think it is the only reason.

Another reason has to do with the Canada Health Act. If the provinces of this great country have not instituted a health care system that will eliminate extra billing by July 1, 1988, under a program that is different according to each province, then our province alone can lose in the order of \$50 million a year.

That \$50 million becomes \$150 million in three years and continues in perpetuity as long as the act stands, unless some compromise is made. Why is the government doing this? Is it truly because of the Canada Health Act? It has to be done by July 1, 1988, and there is time between now and July 1, 1988; there is the rest of 1986, all of 1987 and the first half of 1988. There is a long time to go during which the government could continue to negotiate with the Ontario Medical Association to come up with a satisfactory solution.

Although the Canada Health Act is part of the reason, it is not the whole reason. There is time and opportunity to work out an arrangement, if the government wanted to do that.

A third reason the Liberal government is pushing this through may have to do with campaign promises. It does with the NDP. The third party has been consistent in its desire to eliminate extra billing. To what extent was it really a promise?

Mr. Philip: Why is the member opposing it? Does it have something to do with campaign finances?

Mr. Cousens: Let me get to the point; I have a number of them. I am trying to figure out the rationale for the Liberal government proceeding with this bill. Most of the other promises are only promises the NDP made. The NDP is actually the strength and backbone of the government. The ideas for change and advancement have come from Elie Martel.

Mr. Speaker: The member for Sudbury East.

Mr. Cousens: They come from the honourable members in the third party, who are moving this country to a socialist state, which is most contemptible in my view.

The campaign promises are now becoming a reality. The people of Ontario did not know that the promises of the third party, which until now have not been worth a bit of dust and which people could ignore and not pay any attention to, would lead to this. The people of this province have not given their confidence to the third party to run anything, but now it has the opportunity to make the agenda for government. The people will have a chance to reckon with that at some future opportunity I look forward to and will enjoy.

The Liberal government is fulfilling the campaign promises of the third party. In so doing, it is going to have an unsettling effect on many people in Ontario. They did not elect the members of the third party to run the government. In this case, through the accord, that is what is happening.

One wonders whether a fourth reason the government is instituting Bill 94 has to do with media support. I see there is one outstanding news reporter in the gallery and there are a few others who will have the opportunity to read Hansard. May I suggest to the members that in Russia and the Soviet Union the government controls the media. In Ontario, do the media control the government?

Mr. Martel: You sound like Brian Mulroney.

Mr. Cousens: I want to give them their share.

Mr. Martel: Poor Brian.

9:20 p.m.

Mr. Cousens: Poor Brian. The people of Canada will see through the kind of press he is getting and will know that behind him there is a government that is giving us the highest standard of living and an improvement in our gross national product.

The media for a long time have had on their agenda the elimination of extra billing. I look at the Toronto Star—

Mr. Philip: I thought the member said we controlled the government. Now he is saying the press controls the government.

Mr. Cousens: I am just asking the question. I am asking why the Liberal government is doing it. One of the reasons is the accord, another is the campaign promises and yet another is the Canada Health Act. Could another reason be the media? The member just has to listen and then maybe he will understand.

I have some excerpts from various media that are strongly supportive of the government's stand, the Minister of Health (Mr. Elston) and the whole gang across there. The media are saying, as did the Toronto Star in January 1986 under the headline "Being Fair to Doctors:

"By ending physicians' extra billing, the Ontario government is being fair to patients, conforming to the Canada Health Act. In keeping faith with the electorate, it remains for the government to devise a system to be fair to the doctors as well."

Do they listen to the media or do they listen to their hearts and consciences and try to do things right?

One of the things the media have desired for some time is to end extra billing. Orland French, in one of his fine columns in January 1986, said, "If it were to display a spark of interest in the plums, then it would automatically appear to be interested in accepting a ban on extra billing and it wants no part of that."

It is hard to get the context of what he is saying. He too is saying doctors just go after the plums. He makes the point that they are saying to get rid of extra billing.

In Toronto there is the Medical Reform Group of Ontario, which is pushing its desire to end extra billing through all the Toronto papers, including the columns of Lorrie Goldstein in the Toronto Sun. I also agree the Liberals are using the issue as a smokescreen to cover up the issue of the real problems affecting our health care system, such as chronic underfunding and misallocation of resources.

I find it incredible that the Ontario Medical Association refused to negotiate with the Minister of Health while this bill was being prepared. It is not true, as the member for Eglinton (Mr. McFadden) said. There was a willingness to negotiate, but that did not happen.

Then Lorrie Goldstein goes on to say:

"Aside from the fact that they played right into Elston's hands, did the OMA really think the Grits, backed by 80 per cent of their public, according to opinion polls, were not serious

about banning extra billing? The OMA has now put itself in the position of appearing to be motivated solely by arrogance and greed. Stupid, stupid, stupid."

The media go on giving their support to the government's plan to ban extra billing. There is this comfortable feeling, and I wonder whether that is one of the reasons the government has decided to ban extra billing. One truly wonders.

I wonder whether another reason might be the breakfast club that gets together at the Sutton Place Hotel for the weekly little breakfast. Does the Attorney General (Mr. Scott) come in with his gas problem and suddenly have a burp or two and indicate that maybe there is a problem with his health that he has not been able to solve? The Treasurer (Mr. Nixon) has been causing all kinds of blood pressure problems for other people through his poor budget; is he starting to have a little bit of high blood pressure himself? The Minister of Education (Mr. Conway), who also joins them, is suffering from warts all over because of the way he is doing things; as a single man, he is worried about his warts and perhaps he cannot find a doctor to solve his problem either.

Then we have the member for Bellwoods (Mr. McClellan), who may be manic-depressive and having trouble getting the right kind of psychiatric care. We also have the member for Oshawa (Mr. Breagh), who has his own problems with his heart; maybe it is no heart, or maybe it is simply palpitations of some kind.

They all get together and talk about their health problems, suddenly realize they as a group cannot get doctors to make them well and decide to get back at the doctors. I wonder whether it happened that way. I wonder whether it was because they thought, "We have our problem; let us give it to them." I hope not. I happen to believe it is something as fickle as that because it has not come from a base of understanding of what the health care system is all about.

It seems to me the members who are pushing this bill through have ulterior motives, but I cannot figure out what they are. Is it because of the polls? So many people talk about polls and the effect they have on the decisions of governments. I deplore the fact that polls are attributed to having such an impact on the decisions governments make. In the past, the government in this province has tried to do the right thing for the right reasons for all the people of this province.

Let me give an example of one of the polls taken by the previous Conservative government. It was tabled recently in this House by the

Treasurer. It was released by the Liberals. The people across the province were asked if there were any aspects of health care in Ontario that needed to be changed, fixed or given special attention. About 41 per cent of the people said there were no changes they would like to make. Seven per cent said they would ban extra billing and/or opting out. The other 52 per cent named things such as more hospital beds and equipment, better preventive medicine and more extensive pollution control.

What this indicates, beyond a generally high degree of satisfaction with the provincial health care system, is that a relatively small number of people will, off the top of their heads, name extra billing as the most urgent problem facing our health care system. On the other hand, if and when one asks people whether extra billing should be outlawed, the vast majority respond in the affirmative.

If I can offer an analogy that puts public opinion on this issue in context, I do not believe the price of bread would rank very high on the list if we were to ask the people of Kitchener or Markham to name the most serious problem facing them. If we followed that up a few minutes later with the question, "How many people would be in favour of lower bread prices?" a large number, the vast majority, would respond in the affirmative.

I am not here to defend doctors or the incomes they earn. They are quite capable of defending themselves. If they were to choose a nonmember of their profession to defend them, it would almost certainly not be me. What I am defending is the integrity of our health care system and the partnership that has developed over the years among the government, the people, the doctors, the hospitals and the other health care professionals. The people of this province have been satisfied with health care. They have been satisfied with the quality and the accessibility of doctors, and they did not, en masse, see a need to make this change.

Why is the Liberal government proceeding with this? Is it because the polls say generally that the public is in favour? The public, however, is not in favour of seeing its health care system deteriorate or suffer. It does not want to become anxious that the health care system is going to go downhill.

Why are the Liberals doing it? Is it the belief of some people that government can do things better than the free enterprise system? Is it true they think the government can always do things better? I sense there is an increasing spirit in

Canada, especially in Ontario, where people are saying with too much confidence, "Let the government do it." They may have that confidence built in because the Tories did such a good job for so long—

[Applause]

Mr. Cousens: The applause is thundering.

As a member, I would never want to put trust in politicians or governments to do things better than the free enterprise system. There are three areas in which government must be involved: defence, education and health. In those three primary areas, government never does it completely by itself.

In our defence posture for this country, in the preparation of arms and our defence systems, the government involves different companies to assist it in building armaments and resources through its tendering process. Government sets the policy, but it works in co-operation with industry to succeed.

9:30 p.m.

In our education system, there is still a two-tiered system. There is the public and separate school system, and there is the private school system which is allowed to operate. We are not banning private schools by having the public education system, but if one goes to a private school, such as St. Andrew's College, Upper Canada College, Havergal College or Holy Trinity School, one pays the price.

We allow people to have an option when it comes to the education system. Why then do we have it so that in health in Ontario, unlike many of the other provinces—

Mr. McLean: Mr. Speaker, on a point of order: I do not see a quorum in the House.

Mr. Speaker ordered the bells rung.

9:34 p.m.

Mr. Ward: On a point of order, Mr. Speaker: Is it appropriate for the official opposition to have a quorum call when only seven of their members are present and 45 are absent?

Mr. Speaker: That is not a point of order, but I am pleased to inform the member for Simcoe East (Mr. McLean) that there is a quorum.

Mr. Cousens: I do not need to have a quorum, because the New Democrats are not listeners anyway when it comes to this. As for the Liberals, I know there are many things they should be doing. I would rather see the Solicitor General (Mr. Keyes) get out there, press a few charges and get on with his work. The Minister of Energy has more that he should be doing.

If I may continue, I was talking about the trend in feeling. People in this province believe the government can do things better. It spells the end of the free enterprise system when one starts seeing it as I have described in so many other areas where government involves other people. Here we are seeing an example where the government is going to have its way only. Health care will be in a unique situation as one of the key services in this province in that it will be only a government-sponsored program. I see that as a very serious problem.

I am trying to figure out why the Liberal government is pushing Bill 94 through. Here is another possible reason: Is it so everyone will come to the same level; so there will be one common denominator for this whole province? If we did not have the free enterprise system, everyone would be driving the same model of car. The Minister of Energy (Mr. Kerrio) would not have his big limo. We would not see the Mercedes the Minister of Consumer and Commercial Relations (Mr. Kwinter) or the Chevette the Minister of the Environment (Mr. Bradley) drive about in.

The fact is, different people will always want to do things in their own ways. Are we now saying health care is only one way? We would move to a system such as we see in nations behind the Iron Curtain where there is one form of housing, one kind of restaurant, only one kind of everything. Will we bring the legal system down so the legal aid plan is extended and there is only one kind of lawyer, not allowing the freedom that now exists?

Very simply, the baseline would be that in our province we would have a solid grey mass of meaninglessness, with everyone homogeneous, which would be built in without the freedom for people to excel and do what they want, without that opportunity for excellence.

The problem one has when one takes everything to the same level is, where is the incentive for people to become more, better and as capable as they could possibly be? I venture to say this becomes another reason there is a group of people, either in the government at hand or in the third party, who would like to lower everyone to the same common baseline, the same common denominator.

Hon. Mr. Kerrio: Or it could raise everyone.

Mr. Cousens: Why are they doing it? That is a nice question. I ask it because of the quality of health care. Is that one of the concerns the government has? The member for Niagara Falls (Mr. Kerrio) would indicate that it is, but as I said

earlier, recent polls show that 80 per cent of Ontario's citizens are already happy with the quality of health care in this province. They look to those who are opting out and say it is primarily specialists who are extra billing.

That quality could become a problem with this bill, especially if, because of its introduction, specialists and others decide to leave this province. This will be a detriment to quality and will undermine the quality we have come to take for granted. If the government is suggesting it wants quality, there are other ways to go about achieving it than to alienate, antagonize and start a war with the medical profession.

If it is talking about accessibility as another factor, if it still thinks accessibility is our concern, that is also going to interrupt the whole health care process in this province. What will stop doctors from leaving the regional centres, and especially northern Ontario, in search of alternative places? Instead of increasing accessibility, it will take it away from those people in northern Ontario communities and it will eventually be a matter of affordability and the law of supply and demand. People will not be able to get the quality of care they are getting now. We are striving to improve it, but when this kind of legislation comes in, it will take away that freedom.

9:40 p.m.

To reiterate, why is the Liberal government pushing this through? I do not think it is just because of the accord, or just because of the Canada Health Act, or just because of the campaign promises. It is not just because the media are supportive of it or because all the people promoting it are sick themselves. It is not just because of the polls or because they believe government can do it better. It is not just because everyone wants to bring us down to the same level or that people want to have health care that is quality-oriented or more accessible. It is a touch of all those, and the fact that it is not one, single, good reason makes this legislation bad. There has to be some overpowering reason that is going to motivate the government to do it.

Those are all just a pile of reasons when one is looking for an excuse. If one wants to do something, one gives about eight, nine or 10 reasons and they become a pile of excuses. We need more than excuses; we need a rationale. We need a sense of total understanding of health care for our province and that is missing in this legislation.

I am worried about what is going to happen in the long term to the health care service in this

province. What is it going to bring? The first thing it is going to bring is a new deterioration in service. I am convinced that the bed shortages we already have in many of our hospitals, the staff shortages that have already caused—

Mr. Philip: I wonder what brought that about.

Mr. Cousens: We know that in my riding, where there is such significant growth, the York Central Hospital is bursting at the seams. I am talking specifically of that one because we need more beds in that growing community. We need more services. We almost had to lay off 40 people—

Mr. Philip: Maybe some of the several million dollars a year that we lost could be used for hospitals.

The Deputy Speaker: Order. Perhaps the member would address the chair.

Mr. Cousens: The honourable member has such an ugly voice that it is hard to disregard him.

The Deputy Speaker: If you address the chair, I am sure you will be able to disregard him.

Mr. Cousens: If we do anything, we do not want to cause service to deteriorate; we want it to improve. When we have the climate that is developing in the medical association, its doctors and the government, one can soon see them as civil servants wanting to have the right to strike and to withdraw their services for whatever reason. We have not had that kind of thing for a long time in this province. That is a deterioration in service and it is the kind of thing that will unsettle the people of this province.

I wonder what the future will bring when it comes to medical education. When one starts having government involvement and regulation in one area, will it start doing the same thing to medical students who decide they want to become doctors?

Members should think about it. Right now it is very difficult for anyone to become a student in medicine at any of the universities in this great province of ours. Not only does it take excellence in one's academic record and character, it also takes a sacrifice by those students and their families to help finance their education.

We are now seeing a whole new ethos develop. By virtue of making health care a social system in this province, are we going to take it further, go back a step and say that anyone who comes to study medicine at the University of Toronto will now be subject to a new set of regulations and rules that will be instituted by the government?

Will the government go a step further, since it is going to regulate the total income that doctors make, and start paying their fees, their registration, their tuition, their books? Will the government give them a salary or a stipend as they go through school, as they do in the Soviet Union and some other countries? Are we going to take it the one natural step further back to the very beginning—

Mr. Philip: If they do it with every other profession, why should they not do it with doctors?

Mr. Cousens: It is true, though, with lawyers and every other profession. It is not any different when one looks at the length of time they have to study, the kind of work they have to do to—

Mr. Philip: That is balderdash. I have as much education as most doctors.

Mr. Cousens: The member does not use it very well.

The Deputy Speaker: Order.

Mr. Cousens: I am offended at the way the member's mouth rattles and his brain does not work. Maybe he is brain dead.

The Deputy Speaker: Order. Would you please keep referring to the chair?

Mr. Cousens: I wish the member would either pay attention or do something that is a little bit more constructive than rattle around the way he is doing right now.

The Deputy Speaker: Order. We do not need a debate within a debate between two members.

Mr. Cousens: I would suggest that the member go to a doctor or a veterinarian. Probably after they opt out, there will not be anyone who will see him. A vet just would not qualify. The member is too good a person when he behaves himself, such as right now.

The Deputy Speaker: Order.

Mr. Cousens: As I look at the whole business of education for doctors, I see this as perhaps the next step. An understanding should be made on what happens with those who go through medical school. Are we going to change the rules there as well? Perhaps we should and perhaps it is coming. If we are going to have 100 per cent control after they graduate, the government may want more control before they graduate and even as to how they are allowed to enter. At that point, it might even become a political thing with only Liberals or New Democrats being allowed in; they probably would not qualify for other reasons.

Will the future bring a difficult time for people to choose a doctor? What will happen? How will one be able to separate one physician from another? Will it be a matter of putting names in a hat? Will we lose the opportunity for referral and the opportunity for people to choose from whom who they want to receive their health care? Since we are dealing with all civil servants, all receiving the same salary and all supposedly at the same level, what is going to distinguish one from another on a qualitative level?

Mr. Philip: How do you choose a doctor in a one-doctor town?

Mr. Cousens: I am offended by the member's continual interruptions. I ask the Speaker to remove him or have him be quiet.

The Deputy Speaker: That is quite an order. Will the member for Etobicoke please stop interrupting the member for York Centre. Will the member for York Centre also not recognize—

Mr. Cousens: If he had something good to say, I would be glad to listen to him, but all I hear is garbage.

I also believe the future could bring Ontario to the system now seen in Britain. What has happened in Britain with its health care system? There are nine points I would like to make—perhaps even 10, and if the members keep talking I will increase them—about where the British health care system has gone downhill.

We are moving to something even worse than the British health care system, because people are not going to have the option of using a health care alternative as is provided for in the British health care system. There is a totally controlled health care system in Britain. We are moving to that with this bill and I do not like it.

The first thing one sees in Britain is a universal health service that was expected to shrink as better health care reduced the incidence of illness. Probably no one imagined it would mushroom into a huge civilian employer with a million people on its payroll, and would disperse in the order of billions of dollars in drugs annually, with doctors in England and Wales writing hundred of thousands and millions of prescriptions. It mushroomed. Something went wrong.

Second, 75 per cent of the acute care hospitals in Britain are technologically obsolete, while health standards between regions remain savagely unequal. That could happen in Ontario and we could end up having Metropolitan Toronto with the best and northern Ontario deprived—I do not think we owe it that—or Niagara, Peel or some other area deprived.

Third, hospital building schemes in Britain are often scrapped. They are victims of the prolonged planning stages and inflation in that country. Right now we have inflation under control, but with this government increasing its deficit and with spending on a rampage, are we going to see inflation start again? When that happens, are we going to be able to maintain the priority that health care deserves? I venture to say that is going to be a victim as well, once the euphoria of this great spending spree ends.

Fourth, in Britain, bureaucracy continues to plague the national health scheme. The most commonly cited reason the national health scheme has grown is the increase in secretaries and administrators. Thousands of extra staff have been hired to handle all the processing and paperwork. At this point in its development, the national health scheme is an elaborate network of committees and authorities. No one really knows what anyone else is doing, but they are all meeting in committees and the efficiency has gone out of the system.

9:50 p.m.

Hon. Mr. Kerrio: Is that a Tory government over there?

Mr. Cousens: It was not brought in by a Tory government. That is the problem; the minister cannot unscramble an egg. That government is scrambling the thing up so it will be next to impossible to bring it back into a whole, clean, united, quality system, but we will. Give us a chance—the people of Ontario will give us that chance—and we will come back and do our best. I would not back away from a challenge.

Mr. Epp: Is the member calling Margaret Thatcher an egg?

The Deputy Speaker: Order.

Mr. Cousens: The fifth point is, until 1974 a nonteaching hospital administration had two layers of management from the Ministry of Health. Now a hospital can have two, three or four layers of administration above it. This kind of a duplication of people to run things costs money, which comes from the taxpayers. That means health costs go up and it does not necessarily mean patient care is improved.

It has been years since the national health care system in Britain was inaugurated. It still has not won the respect of its doctors. When one does not have the respect of the doctors in the program in which they are involved, then the system has a weakness right at the core. Here in Ontario, with this action of Bill 94 proceeding through the House, the government is not going to win the

doctors. We will be in a state of confrontation for a long time to come. That is not the way to build trust, goodwill and a quality system.

Sixth, also coming out of the British experience—which I do not want to see here—are the industrial disputes, the labour turnover and poor-quality patient care. They will continue unless remedies are implemented and an arbitration service is instituted.

The bill before us does not include any way of negotiating with the doctors. There is no method for the doctors and the Ministry of Health to be able to sit down with any kind of trust right now. One of the reasons Britain's health care system is so unstable and people are so unhappy with it is the ongoing problems that exist among the medical profession, the hospitals and the government. They continue to exacerbate the problems. They do not solve them, so the service goes down, down and down.

Seventh, patients are also put at risk by desperate shortages of trained nursing staff at some hospitals. By changing priorities, the money will not be there for other support services in the hospitals, for physiotherapy, for extra services, for nursing or for orderly services. Money is already tight in most of the hospitals. If we have to pump more money into the doctors' payments, which we will once this bill is completed, then we will see cutbacks in other areas and those, in turn, will have an impact on the quality of health care.

Eighth, another point that comes out of the British system is the two-tiered system: the public system and the private system, the state system and the private. In that system, one ends up having a duplication of services. We had the opportunity in this province if, with some negotiations, we could have worked out a system that accepted the opportunity for different opinions.

Ninth, we could also see where the system incorporates points of view that limit the accessibility of services down the line. In the British system, I was surprised to learn that anyone over 52 years of age cannot have a renal analysis. There are other examples that I do not have.

I am proud to be the chairman of the Kidney Foundation of Canada for my area. I am trying to raise money for it. I know the importance of kidney disease. If a renal examination were limited for someone in this province, we would have an outcry. In Britain, they have already instituted that kind of accessibility. Where is

accessibility when one starts instituting that kind of limitation?

Tenth, if our system becomes similar to that of Britain, are we going to have a pick-a-number system? It will be similar to a butcher shop. There will be no priorities. It will be just a matter of first come, first served. The seriousness of someone's illness will not have an impact on what happens.

I am concerned that the day will come when we in this province will have a model very similar to the British model. That is not where we, as Tories, want it to be. I do not want socialized medicine as it is in Britain. I do not want to have socialized medicine of any kind. If we could, we would work out a balance that makes the future promising for all people who need health care in our great province.

We need a perspective here that puts the doctors in the light in which they deserve to be placed. The light is good and it is bad; there are two sides to the story. I can go back to the many doctors I have known through the years, many of whom have served in this House. One is an honourable member with Liberals now, the member for Humber (Mr. Henderson), and we have the member for York Mills (Miss Stephenson). Both have made marvellous contributions to their patients and to our society. I go back to a man I knew from my early days in Port McNicholl, Dr. McPhee, who was an MPP in this House representing our party. One could not have asked for a better or more gentle person. He gave his life for the wellbeing of society.

I see this in the character of family practitioners who served people in the early days, when they went on horseback and in wagons, and in the gentlemen and ladies now who take patients into their offices and consider their needs. They have done so from the beginning of time.

It was through this kind of dedication that the medical profession bonded together and found a cure for tuberculosis at the turn of the century. There was a sense of moral obligation to society and to the people around them that has been inherent in the whole philosophy of being a medical practitioner. It is this kind of dedication that I do not want to see insulted, destroyed or hurt in any way. Deep down there has been a level of respect that has allowed them, through negotiations in the past, to maintain a level of respect for their worthy contribution.

The perspective of doctors has to be that they are an angry group now. I heard recently that four obstetricians in Peterborough have stated they will no longer go on call on weekends if this bill

is passed. We are going to see more like those, who will begin to withdraw their voluntary services. They will diminish and may eventually disappear. Why should they not do so? They will be civil servants; they will be able to work a limited day, and we will be faced with that extra cost, the extra service to be implemented.

I do not believe that doctors should have it their own way. They have to find a balance because today, unlike years ago, through the Ontario health insurance plan they are able to have their salaries guaranteed unless they go out on their own, as they do in some other provinces. It is up to the doctors as well to want to work together with the government to find a compromise. I believe this is the kind of thing that Dr. Myers and representatives of the Ontario Medical Association are saying.

They are angry, and that anger is now being vented and interpreted by society in a way that sees doctors not in a light in which I truly want them to be seen or in the way in which I have known them in the past.

Doctors also have a responsibility to continue to present their case in an intelligent, unemotional way so that the society we are trying to represent in this House of parliament is able to give them the recognition they truly deserve.

Doctors cannot have it all ways. There has to be some working out, and I sense it when they say they are prepared now—and this would have come out in their negotiating stance—not to levy any extra charges for senior citizens. This is the kind of spirit that could have been incorporated in this bill had there been an opportunity to discuss it beforehand. There are many other aspects to it that could have allowed doctors to participate. Instead, however, arbitrarily and without discussion, the government has come along and shut them off and has made a move in this bill that denigrates the excellent service that doctors have contributed in the past.

10 p.m.

The perspective on doctors is changing. If this bill is introduced as it is, what will happen to the freedom of thought and the freedom of opportunity that doctors have had to criticize and come up with new ideas? As soon as one has a state-controlled system, one takes away some of the genius that comes out of the freedom we have had in our society up until now. An individual may feel constrained not to speak out because if he did so, he could in some way be cut back, hurt, punished or regulated against by a government authority, a police state, an inspector or by some medium the government might institute.

Could this kind of bill take away the opportunity for professionalism that has been one of the hallmarks of this great profession?

I am impressed when I go back and see some of the speeches and comments made by previous members of this House, such as the Honourable John Robarts. On April 23, 1963, he described something of the evolution of the health care system. He said, "There are seven points which I think are salient in regard to the legislation." That was legislation before the House way back in 1963.

"First, it is not a compulsory medical insurance plan.

"Second, it will not disturb the 70 per cent of our people who are now covered by one form or another of medical insurance.

"Third, it will not disturb the traditional doctor-patient relationship."

May I say, that is something that has been sacred in this province. There has been a doctor-patient relationship that may now be disrupted for ever.

"Fourth, it will ensure that every resident of the province, regardless of age, physical condition or financial position, can obtain full medical coverage.

"Fifth, as a government, we will assume the responsibility of providing this coverage to those who are considered unable for any one of a number of reasons to provide it for themselves.

"Sixth, the coverage provided will be noncancellable. That is to say, once it is taken out, it can be cancelled only by the person insured and not by the insurer.

"Seventh, there will be a maximum premium chargeable for the basic coverage. This maximum premium will be established by the government."

In those early days he was setting forth some of the various fundamental principles of a good, strong health care system.

Let us go on and look at some of the other comments. I was very impressed with what Mr. Robarts said on February 25, 1969, in response to a question from Mr. T. P. Reid of Rainy River. He said: "...I am not opposed to national medicare, nor am I opposed to the fullest possible health care that we can give our people. But I must say I am violently opposed to the way in which the federal government is trying to ram this down our throats."

There were some interjections by honourable members.

"The province of Ontario has traditionally had the opportunity of running its own health care

system. When the Liberal government here before us today is blaming the federal government, giving the federal health plan as its reason, it is taking away something of our constitutional rights.

Mr. Robarts went on to say, "It is not the bill I object to, it is the intent, the purpose and the underlying philosophy." He was talking about the sense that the federal government was forcing things down Ontario's throat.

I looked at some of the other remarks the Honourable John Robarts made. For example, in a speech he gave in the Legislature on Tuesday, October 13, 1970, he said:

"I take this opportunity on behalf of the people and government of Ontario to express our appreciation of the willing co-operation provided by the insurance industry. Their efforts to keep administrative costs at a reasonable level have been highly effective. This experience is an excellent example of how government and the private sector can work together effectively in the public interest.

"As we proceed with the next phase of this program, we look forward to the continued assistance of the insurance industry in the important transitional period."

Interjections.

Mr. Cousens: Those members can say what they want to say, but there was a working relationship among government, industry and private enterprise systems which is lacking today.

Mr. Robarts said: "In developing this new plan, it is our objective to achieve the highest standard of service for the people of Ontario. Every available mechanism of human ingenuity and technological development will be employed to streamline the operation of this system."

I would like to refer to one of the speeches given by the Honourable William G. Davis when he was Premier of Ontario. This also shows something of the spirit that was in the government and that government can have with the medical profession and with the service agencies around us. On Monday, June 18, 1979, he said:

"As with so many other complex situations in which any of us may become engrossed, I feel it is all too easy to become obsessed with the details to a point where we lose sight of the essentials. I begin with what is certainly one of the most fundamental observations of all, that here in the province of Ontario we have one of the finest health care systems in the world. It is efficient, effective and universally accessible to the people it is intended to serve.

"It is not a system without flaws and problems, but it has removed the need for fear of health costs that would be catastrophic to individuals and families. It has provided universal accessibility by any reasonable definition of that term, and it has removed privilege and wealth as determinants of who gets care and who does not. May I stress that so long as I am Premier of Ontario, these basic characteristics will not be altered.

"I doubt whether any other system anywhere has taken better advantage of the remarkable progress which medical science has made in the years since the Second World War: the countless breakthroughs in medication and therapeutic techniques, the truly awe-inspiring developments and methods in technology routinely performed which would have been regarded only a few short years ago as minor miracles."

Mr. Davis was here during the transitional period for health care and he said: "Its essence is a series of essential shifts in responsibility, from overemphasis on institutional care to greater emphasis on noninstitutional care, from centralized planning to local decision-making, and perhaps the most difficult adjustment of all, the shift of much of the moral responsibility for personal health from government and the profession to individuals and their families."

When one goes to a social medical system, as we are doing in Ontario, one will take away that individual concern about the cost of health care. It is as if it is all free, and then a number of people could go on and take advantage of that without considering the cost of each doctor's call and of all those services they now take for granted.

Mr. Davis went on to say: "We are going to ensure that no goal, whether it be fiscal economy or any other, supersedes that of assuring quality health care for the people of this province. I have campaigned on that theme; the Tory party has campaigned on that theme. I believe it. I know it to be true and I know the Conservative government has given the kind of health care the people of Ontario have come to take as one of those natural services we can all begin to expect, not only for ourselves but also for our mothers and fathers, the seniors and our children."

What we are doing in this House is changing that kind of balance. I think of some of the statements made by the member for Don Mills (Mr. Timbrell) when he was one of the longest-serving Ministers of Health in our province. This shows the kind of spirit of negotiation which existed in those days. The member for Don Mills said on March 13, 1979:

"We have a lot more to discuss with the OMA and we have been setting up mechanisms to discover and to dispatch minor irritations with bureaucratic procedures, and to review the means whereby the schedule of benefits is arrived at so that the results of such negotiations not only are fair to the public and to the profession but are seen to be fair."

It is that kind of negotiation and conciliation that is missing today. On May 25, 1979, the member for Don Mills also said: "I think it is best looked after on an individual basis. Where an individual moves into an area and wants to find a new physician or an opted-in physician, when he calls the medical association he is given names of doctors in that area who are available and who are opted in. That seems to work well, and I think it is best left that way."

When emphasizing the choice on both sides, the member for Don Mills said on March 27, 1979: "Secondly, the basic philosophy of our system is that it is based on options for the patient and options for the physician. In that particular area, there are a great many options available with opted-in physicians, as there are in all parts of the province."

10:10 p.m.

What we were seeing was a system that was working. If there were exceptions to it, they could have been worked out.

The member for Don Mills went on to say in some of his comments on March 14, 1980:

"It is misleading and unfair in the extreme to suggest nothing has been done. It is true I have avoided taking advice from the member's party"—he was responding to Mr. Cassidy, who was here once and, thank goodness, has gone—"and from certain daily journals, to use a club that in the short term might be very sexy politically, but in the not-too-distant term—certainly in the long term—would have a very negative impact on the province."

He was talking about the negotiations he had with the OMA. That is how the discussions would have taken place. That is how the leaders in the past would have handled it. What we see now is a new spirit of confrontation, of not working things out.

I have some suggestions as to what the government should do. First, the process must be right. If the process is right, then there must be discussion and dialogue, as in any kind of negotiation. Many in this House have been involved in negotiations for salary disputes. I have, the honourable member has and the Speaker has through his former work in the

Office of the Ombudsman; he knows the attitude people should bring to the table. That attitude is missing today in Ontario in the government's relationship with the doctors. The most damnable thing the government is doing is not being willing to sit down honestly and fairly to discuss these subjects with the doctors.

Mr. McLean: And the pharmacists.

Mr. Cousens: That is another problem. The member for Simcoe East is right. That is another example. The pharmacists were dealt a bad deal through the failure of the government to discuss things with them and work things out.

There is still time for negotiations to take place and for the process to be worked out. That is what I am calling for in my presentation this evening. Let that process take place, let there be honest discussion and let there be disagreement. When the spirit is right, we can work out a solution.

The government should also be working towards a healthier system of health care in the province. This was discussed at the Markham Stouffville Hospital. Promotion of health has great possibilities. It is not just responding in a reactive mode to people who have problems and are sick; it is developing a feeling and an attitude within people through exercise, care programs, weight reduction and a variety of techniques.

This province could become more concerned about what people can do to be healthy themselves. There are so many things all of us can do through diet and exercise programs and through systems and techniques, with proper guidance from doctors. We would be sick less often. I support that kind of thinking. It would be radically fresh and it is a program we could do, working together with doctors.

I also believe the government should look for a way to have better accountability. I do not know why the previous government, of which I was a member, never instituted a card system so that when a sick person went to the doctor he would have a plastic card he could give to the doctor, who would run it through. There would be a record in the patient's mind that there would be a billing through the system under OHIP, and the doctor or his secretary would have made a purposeful move to register the call.

The same thing would be true in a hospital. When a person came out of hospital, he would know how many times the doctor had visited him or how many calls had been made. People using the health care system would have some understanding of the costs of the services being rendered to them.

The member for Algoma-Manitoulin (Mr. Lane) brought this suggestion up in caucus a number of years ago and it was not responded to. It could be responded to now. We have the technology so that government can have a better accounting of what doctors are doing. Through that accounting we could begin to say how many calls are being made. Some measurements could be thrown back. We could begin to see how many calls are made on average for a certain treatment or situation.

One would begin to get averages and to know whether there are abuses. There may be abuses in some areas. A government that is accountable to the people for the money it spends should be following through on those abuses, but the system has to be right in the first place. It would not be all that hard if this government began to look at that kind of accounting process and to institute it. Tremendous savings could be brought in through that kind of better technique, much greater than are now possible.

I also suggest the government should be looking to the broader context of what the whole medical system needs in this province. The fact of the matter is that the amount we are going to save, the \$50 million a year we will be able to regain for the year and a half or so that is due, is just a minor amount compared with the amount this government is going to have to spend to work out a deal with the doctors once they start working out the new schedule of fees. No one has been prepared to answer that question in the House. The Leader of the Opposition (Mr. Grossman) in question period today and on other days has asked the question, and the Minister of Health has sidestepped the issue, knowing he is going to encounter a serious problem because of the bad negotiating flavour that exists.

Who has the responsibility for health care in this province? When one has some kind of balance that is not truly perfect but a balance that exists with some costs for people and some costs for government, one ends up with a sense of participation in the cost of running the health care system.

With this new legislation, Bill 94, that responsibility will be taken away from the individual and we will be facing a situation where people will not feel a sense of responsibility for health care. Some people see a doctor four or five times a week for different things. Are they going just because it is free? I do not know. Maybe some are. Are the doctors providing services to people who do not always need those services? Can we build into the system a way so people

who truly need service can get that service; and then if they are abusing it have some way of having them pay some kind of penalty?

I am bringing up a problem about which some people would say, "You are taking away the universal aspect of it." I do not want to do that for people who cannot afford health care, but if there are people in this province who are abusing the free service we now have, is there anything we can do? Is there anything addressed in this bill that can come along and build that kind of efficiency into it? I do not know how we would do it, but I would like to keep a balance between what people really need to have and what they are just taking because they want to take it.

Government has a lot it can do. First of all, it could work on the process of negotiation. It could promote more health systems in the form of health prevention. More accountability could be built into the billing mechanisms of the Ontario health insurance plan. It could broaden the context of what we are talking about as the total cost and realize there are going to be huge costs associated with Bill 94. Indeed, we might look to ways of finding methods of protecting the people in Ontario from taking advantage of a system that ceases to be theirs in their own mind.

I have a number of letters that support a number of the views I have expressed. My constituents have been active in writing letters and I would like to refer to some of them. I have a feeling the people in my riding are more concerned about the future of the health care system and its quality than they are about the kind of arbitrary decision being presented in Bill 94.

This is a letter from Beulah Davidson in Richmond Hill. She says:

"I am appalled at the way that the Liberal Party intends to push through a ban on doctors' extra billing without extra time to thoroughly investigate the issue. Unfortunately, the proposed legislation will likely be in place before the public has wakened up to the enormity of its consequences.

"The democratic system allows for people to have a voice in politics, but it seems people are too busy being busy, doing whatever they have to do, giving little or no thought to the processes that are going on which will vastly affect their lives and even less action to possibly averting some of those processes.

"Mine is only one voice. No, there are many voices; it is a topic that is discussed at great length among friends and acquaintances and I hope that you will receive many letters on the subject."

10:20 p.m.

She goes on to make a number of points: "'Let the buyer beware' should be just as much a privilege and responsibility for the doctor's patients as it is in any other realm." This is a lady who knows what health care is all about. She is asking me, the Minister of Health and the Premier to hear what she is saying and to do something.

I received today a letter on extra billing by doctors from Mr. Ellis, also from Richmond Hill. He says: "I support our medical doctors from the point of view that we, as patients, are in a position to judge merit and are quite willing to recognize the extra billing in our dealings with them. In Ontario, we have an exceptional health care system and I feel that people should be aware of the cost of health care and be directly responsible for a small portion of it."

Mr. Ellis is echoing a common concern in this province. He says further: "The majority of us still admire the talent and dedication of our medical profession and I do not want to see their image destroyed by the wranglings of government which is attempting to organize this system to death. Government involvement has already destroyed the excellent image once enjoyed by the teachers of this province and now it appears that the doctors are next on the list. The only profession remaining which is respected by the general public appears to be our clergy people... I assume that their turn will come if our bureaucracy can find a method to discredit them." Who knows?

I have another letter from Mr. Maxwell Coutts, who has waxed eloquent on several pages: "I wish to express my personal disagreement with the position of your government on this subject"—by the way, the letter was to the Minister of Health—"and more especially your method of handling it.

"I personally feel that you are treating our medical doctors unjustly, terribly unfairly and almost as if they were renegades rather than as skilled, competent and great allies among our interdependent groups making up our society; dedicated and concerned men and women helping us live a better life.

"Some figures I have read indicate that over 90 per cent of our medical doctors work at the Ontario health insurance plan rates, surely an overwhelming number of them doing yeoman service to our citizens at your fee schedule, a situation deserving respect and commendation, not condemnation and disrespect. And in my own personal experience, I have found a

responsible and caring attitude on the part of the medical specialists whose services I have had to use. In three out of five cases over the past six years, the specialists have not extra billed even though they regularly notify patients they work at the OMA fee schedule."

Max goes on to make excellent points throughout his letter, asking for this government to restore the harmonious relations that previously existed with the medical profession.

I have a letter from Mrs. Kirkham from Thornhill who wrote me in early January to say, "I was more than a little disturbed when I heard that the Ontario government wishes to discontinue doctors' extra billing.

"I have relatives and friends in Britain where health care is less than adequate and I understand that should this bill be passed, we will not be fortunate to have even the care the Britons do. At least there, if a patient is dissatisfied with National Health, he can seek out a private practitioner and pay for better health care. My understanding is that here, all doctors will be treated equally and we the public will not have a choice."

Mrs. Kirkham is right. We will not have the option of a double system in Ontario. The government has instituted a program that allows for only one system; it does not allow for any options at all. It is that kind of arbitrary, non-negotiable stance that is going to destroy our health care system.

As well, I must admit I had one letter in December in the form of a petition from five constituents who approved of the move to introduce legislation to end extra billing. They sent a small petition.

I am running out of time, which probably means I will have to go for another day on this. May I suggest further that one of the best letters was from Dr. Randall, a doctor in Richmond Hill. I believe his letter basically answers an awful lot of the questions from the doctors' point of view.

First, he indicates: "Physicians are the most accessible component of the health care system. I do not think there is any of us who could fault our doctors who are available on four-hour, seven-day-a-week coverage. They are on call; they carry their pagers. They are there to provide that service in emergencies at any time of the day.

"Why do we do this? It is because we have a strong sense of professionalism and a well-organized, co-operative and loyal medical staff." He is speaking in particular of the York Central Hospital in Richmond Hill.

"We wish to provide good care to our patients and provide good service to our hospitals, especially the emergency department. We are very accessible and available.

"Secondly, I should like to point out that we also co-operate amongst ourselves and with the hospital administration to improve access to hospital facilities." He outlines in detail how they do that.

"Thirdly," because I am running short of time, "with our increasing volume in the emergency department, it is woefully apparent that we lack a patient care facility to treat the fracture clinic and minor surgery patients.

"Fourthly"—

Mr. Warner: We want to stay here much longer. I am enjoying this. Four more hours.

Mr. Cousens: If the honourable member would allow me to go on, I would be honoured, because I have a number of others that I would like to share.

He goes on to talk about their emergency department and the way it is working overtime to treat a great number of people per week. He goes on to describe how the obstetricians are giving extra services. He goes on to talk about the staff. They are working hard, but with a shortage of all the facilities they need. He talks about the outpatient therapy they are working on. He talks of how doctors, nurses, therapists and hospital staff are blamed for the inconvenience, the delays and the inaccessibility to the system by disgruntled patients. "We are forced to be the apologists for central planning and inefficiency by the Ministry of Health and government fiscal policy which ensures inaccessibility."

I want to see a health care system in this province that serves all the people, a system that is responsive and caring, a system that lives up to the high standards we all espouse, a system that looks more deeply into the needs of people and talks about providing good administration, comprehensive care, universal availability and the care that is needed for people who come to Ontario from other provinces: total accessibility so that all who need treatment are treated in a quality way.

I can say this because I believe it; it is there now. If any refinements are to be made under the new federal Canada Health Act, those changes can be made in a way that has been done in other provinces, because we in Ontario are now going to be unique by setting up a system that has not considered some of the ways in which this can be done.

All it takes is a little conversation. It takes a little bit of care and help. Other provinces have worked it out. Why can we not do the same? If we go ahead and do as they did in Quebec, we will see an exodus of several hundred of our doctors heading out of this province to other countries or other provinces. That is in itself going to be the kind of thing they face.

Even Quebec allows doctors to opt out; it allows them to extra bill. If one wants to be in the system, one can be in the system; if one wants to be out of it, one is out of it exclusively. Why can we not have some of that kind of flexibility in this government program?

Bill 94 can still be amended. We can still come out with changes if this government is willing to understand the fundamental thought that I am presenting here. I do not apologize for the doctors. I do not apologize for anyone. I want to see the people of York Centre and the people of Ontario—my wife, my children, my friends and my constituents—have a sense of trust in the services we are presenting to them.

In this bill we are beginning to destroy that trust because we are destroying the system. We are going to make it into something less than it

has always been. We are going to make it into a mediocre, second-class socialist system like Britain's, and I do not want that. Surely the government at hand is willing to reconsider on the basis of these data.

Mr. Speaker, if you are willing to allow me to continue, I would be pleased to do so. If you would like me to adjourn the debate, I will do so.

Mr. Newman: Carry on.

Mr. Cousens: I will continue, then. I would like to follow further. I have a letter from one of the doctors in my area.

The Acting Speaker (Mr. Morin): Would you please move the adjournment of the debate?

Mr. Cousens: I would be pleased to continue.

The Acting Speaker: Would you please move the adjournment of the debate?

Mr. Cousens: I have a number of other things to say, and I do not know whether I can make it when the House convenes the next time. However, in the hope that I can, I will adjourn.

On motion by Mr. Cousens, the debate was adjourned.

The House adjourned at 10:30 p.m.

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Legislative Assembly of Ontario



First Session, 33rd Parliament
Tuesday, January 28, 1986
Afternoon Sitting

Speaker: Honourable H. A. Edighoffer
Clerk of the House: R. G. Lewis, QC

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LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday, January 28, 1986

The House met at 2 p.m.

Prayers.

STATEMENTS BY THE MINISTRY

SPACE SHUTTLE CHALLENGER

Hon. Mr. Peterson: Members are no doubt now aware of the tragedy that took place at Cape Canaveral a little more than two hours ago, when the space shuttle Challenger exploded shortly after takeoff.

I wish to express the sorrow of the government and of the people of Ontario. Our hearts are with the families and friends of those who took part in the mission. We share their grief. We feel their pain.

C'est une occasion très triste pour tout le monde.

We share the admiration for the heroism of those who joined in the mission out of a desire to help advance our understanding of all that surrounds us.

If I may, I would like to ask all members of the assembly and people gathered in the House today to rise for a moment of silence in sorrow for this world's loss.

The House observed one minute's silence.

Mr. Grossman: Before the balance of the government statements, I simply and briefly want to join with the remarks of the Premier in expressing the very grave distress we all feel when an event such as this occurs. It is one of those sadly, tragically unique moments that strike one's life when one learns of these kinds of events. It is a moment one never forgets. With modern-day communications, we have now probably all had a chance to witness the shocking events on videotape.

We in this party join with all Ontarians and Canadians in expressing our deep regret and sorrow at the event. It is something that causes each one of us to step back from those matters we debate so violently here some days and to reflect upon the mortality of each of us. It also gives us an opportunity to reflect on the fact that only occasionally, thankfully, do we get a chance to feel and see at first hand tragedy and loss of life.

Perhaps it reminds us all that, on days such as this, those many brave people, together with

hundreds if not thousands of others in less exciting but more tragic circumstances, still will be losing their lives to hunger and war as we speak here today. If there is any sad and tragic lesson to be gleaned from these horrible events, it is perhaps to remind us all of the tragedies that occur less sensationally but equally or more touchingly.

Mr. Rae: Our hearts go out to the families of those who so tragically, like millions of others, were watching the takeoff of the Challenger and to the families of those who were on board the flight. Enough has been said by the Premier and the leader of the official opposition. I can only say that recent events in my own family have reminded me of the awful fragility of life, the preciousness it has and the enormous personal tragedy that is borne by those who witness and survive these events.

We are also reminded of the enormous courage of those working and who have worked on this wondrous adventure of mankind in many countries in the world. It is a reminder perhaps that for all of the achievements of humankind, nature has a way of reminding us of the fragility of our condition and the way in which our lives in a sense are simply borrowed from time.

INTEGRATED HOMEMAKER PROGRAM

Hon. Mr. Sweeney: Today, the government of Ontario would like to introduce two major initiatives to assist the frail elderly and physically handicapped adults to remain in their own homes: one dealing with the introduction of a new integrated homemaker program and the other with a major expansion of our current home support program.

Independence and self-determination are two of the major attributes of an adult person. It is an important part of the government's mandate to help people to maintain these attributes, and one way of doing so is to arrange for services in the context of an individual's own home. To provide effective help, a full range of in-home services should be available and should be provided by both paid staff and volunteers. The services should be well planned and directed to those in greatest need.

Towards this end, we are announcing initial sites for the integrated homemaker program and a range of other community support services. This integrated homemaker program, a joint effort on the part of the Ministry of Community and Social Services and the Ministry of Health, provides community support for frail seniors and adults who are physically handicapped, the people who require some help to remain in their own homes.

My colleague the Minister of Health (Mr. Elston) and I have been working closely together for the past several months to ensure the smooth delivery of this program and the ready availability of funding. We are in complete agreement that the integrated homemaker program will be funded by my ministry and delivered through existing Ministry of Health home care units.

The integrated homemaker program will be phased in and then expanded across Ontario during the next few years at a total cost of approximately \$60 million annually when fully in place. It will be started as six initial projects in the counties of Leeds, Grenville and Lanark, Thunder Bay, the district of Cochrane, Huron county, the district of Parry Sound and Waterloo region.

The initial sites for introducing the integrated homemaker program were selected on the basis of a number of criteria. For example, each must have a significant population of elderly persons, there must be a well-established home care program in the area, there must be an adequate number of trained homemakers available in the chosen area, each area must be small enough for management of these first initial projects and the sites must reflect an appropriate geographic, province-wide distribution.

I am especially pleased that these communities have undertaken to work with my ministry and with the Ministry of Health in forming part of the advance guard in this program for frail elderly people and physically handicapped adults.

2:10 p.m.

Current recipients of homemaker services must qualify under a medical test through the Ministry of Health or under a needs test through the Ministry of Community and Social Services. This practice often resulted in services being denied to those who could well use assistance to stay in their own homes but could not qualify under the existing criteria. With the new integrated homemaker program, service will be available based on need. There will be no medical or financial test.

The local home care unit, acting as a "one-window" approach for an elderly or handi-

capped applicant, will decide whether that person needs professional health services or whether he or she needs some help from a homemaker to remain confidently at home. A homemaker, under the integrated homemaker program, goes into a person's home to provide basic services such as light housekeeping, help with dressing or other personal matters, cooking, laundry and shopping.

Many of our province's seniors and physically handicapped people wish to be active and independent in the community and to remain so as long as possible. Handicapped people do not want to be relegated to a role of observer; seniors do not want to join the seven per cent of elderly Ontarians who live in institutions, and my colleagues and I see no reason they should. All Ontarians have the right to play as full a part in community life as they can, and we in my ministry will help them to do so in any way our mandate can allow.

Now that I have announced the initial sites for the integrated homemaker program and reminded members of the far-reaching possibilities of the program, my colleague the Minister without Portfolio for senior citizens' affairs (Mr. Van Horne) will explain our major expansion and new initiatives in home and community support programs.

Mr. R. F. Johnston: On a point of order, Mr. Speaker: I have a copy of the statement of the minister who is just rising, but I notice page 8 is missing. I have no idea what is on that page. Is he going to send that to us, or is he just going to read it to us quietly?

Hon. Mr. Van Horne: Page 8 is on its way over to the member for Scarborough West (Mr. R. F. Johnston), and I want him to know, along with all other members, that it is an oversight. We have no intention of overlooking such an outstanding member of this Legislature.

SENIOR CITIZENS' SERVICES

Hon. Mr. Van Horne: While this is going on, I will point out that the Minister of Community and Social Services (Mr. Sweeney) and I are both pleased to be making a statement. I want to bring members of this House up to date concerning the additional ways in which the government of Ontario is strengthening support services for Ontario's elderly who live in the community.

This added support, amounting to \$11 million, was announced by the Treasurer (Mr. Nixon) in his budget of October 24, 1985. I point out very clearly that \$11 million for seniors is being earmarked for each succeeding year.

The views I heard when I travelled throughout the province have contributed greatly to the new directions we are announcing. My colleague the Minister of Community and Social Services and I have collaborated to achieve what we believe is a practical and realistic plan that will assist our seniors in retaining their well-earned place in their own homes in their own communities for as many years as possible.

Those of us who have special responsibility for seniors have been informed by them that this is what they want: they want to remain at home. The Minister of Community and Social Services and I are prepared to provide as much support and backup for them as possible so they can do so.

With this in mind, I want to give the House details of the Ontario government's plans to expand community social support services for seniors through the Ministry of Community and Social Services.

The community support initiatives will be introduced in two phases, some effective immediately and others early in the new fiscal year. The immediate provisions are ready and will be operative now. These immediate initiatives provide for expansion in the following areas.

First, there will be an extension of existing community support services such as Meals on Wheels, escorted transportation and home help. An initial allotment of \$2 million has been made available for these services.

A second area for expansion involves the establishment of an additional 50 elderly persons' centres. The new centres will help older citizens to overcome social isolation and encourage them to take part in community activities. Some centres will become focal points from which community support services can be delivered. Operating costs of \$750,000 have been allotted for the new centres.

Now I will turn to the important subject of volunteering. We all know the value of the work done by the men and women known as senior volunteers in service. They are the dedicated seniors who volunteer to be recruited and trained by the Ministry of Community and Social Services so they can help provide support, as volunteers, especially for seniors living in isolated rural areas.

In the past, out-of-pocket expense money of up to \$60 a month for each senior volunteer in service has been provided by the Ministry of Community and Social Services. This amount is no longer sufficient and will be increased to \$100 a month.

Next, the senior volunteers in service program has proved to be so successful with seniors throughout the province that it will be expanded. The sum of \$40,000 has been set aside for the recruitment of more of these special volunteers who are of such great value in the communities they serve.

Continuing with the subject of seniors who volunteer, I want to stress the importance of senior talent banks. These banks consist of groups of seniors in various communities who offer to their community agencies the skills, talents and abilities that have been honed and perfected during a lifetime of learning and practice. Senior talent banks have already been established in Sarnia, Oshawa, Lambton county, Richmond Hill and Toronto.

The government of Ontario is committed to the concept of using the skills and talents available through the senior talent banks. For that reason, it wants to help the Senior Talent Bank Association to establish additional talent banks in other communities throughout Ontario. Funding of \$60,000 has been earmarked to set up new senior talent banks.

In addition, in this list of increased support for seniors that will start immediately comes a special provision that will benefit isolated communities, especially in northern Ontario. Four community development officers will be hired to go into isolated communities where they will help to organize and develop community support services for the elderly people who live there.

The purpose of this initiative for isolated communities is the same as the intent behind the entire community support services program: to enable seniors to remain in their own homes or communities for as long as possible. To set up this needed support in these isolated communities, \$735,000 is being committed.

These, in brief, are the six initial major community support services improvements for seniors.

Now I would like to mention the further initiatives I referred to earlier in this statement. These initiatives will be put into operation early in the new fiscal year.

In addition to the \$2-million expansion of community support services, we are committing an additional \$3.1 million to enhance these programs further. Some of these services will be targeted to francophones, native people and underserved communities. We shall also ensure that respite care is more readily available to families caring for elderly relatives at home.

2:20 p.m.

I now will mention a problem that is unfortunately becoming more common as so many of our population become older, a problem that causes great unhappiness and almost unbearable stress. I refer to Alzheimer's disease, the irreversible sickness that afflicts so many of the elderly.

There is an urgent need for services to help those suffering from this disease, as well as their families. Therefore, the government has earmarked \$1 million to fund projects that include day care for those who have Alzheimer's disease, relief services at home for the families who are caring for a family member with the disease and counselling, training and education for the family care givers. The projects will be developed in co-operation with local Alzheimer societies.

A fund is also being created to assist in recruiting volunteers to provide support for needed research and to encourage a more sensitive attitude on the part of the public towards the ageing and the aged.

Finally, as part of a long-term plan we shall be exploring ways to improve the funding system for in-home support services. Our objective is to address some of the difficulties that agencies and communities have experienced in introducing new services. For improving the present system of funding and the research and recruitment that I mentioned a moment ago, the government of Ontario has set aside approximately \$3 million.

These improved community support initiatives demonstrate our government's commitment to the elderly. I believe we are on the threshold of a new era in community support services for elderly citizens in Ontario. Our seniors have earned their place in that community. I would urge us all to do our level best to make sure their later years can be spent in that community.

Mr. R. F. Johnston: On a point of order, Mr. Speaker: Page 8 of the minister's statement dealing with Alzheimer's disease is missing. I would like a copy of it, if possible.

RESIDENT ANGLING LICENCE

Hon. Mr. Kerrio: I know the members are all aware of the importance of tourism revenue to Ontario's economy. They are also aware that the tourism industry is built in large part upon our province's wealth of natural resources: the scenery, the wildlife, the lakes and the fishery.

One of those resources, the fishery, is particularly important in drawing tourists from other provinces and from the United States to

Ontario year after year. In addition, 38 per cent of Ontario residents, approximately 2.25 million people, fish at least once a year. All together, sports fishing represents some \$700 million annually to our economy. This is the equivalent of 25,000 full-time jobs.

We are proud of the abundance and the variety of fish and fishing opportunities offered by this province, but it is a fact that in some areas of Ontario fish populations and fishing opportunities can be improved.

The Ministry of Natural Resources currently spends more than \$30 million a year to look after the fishery. This money is used for programs such as fish and habitat protection, cleaning up fish habitat, fish stocking, research and public involvement and education programs.

However, we still need to do much more. For this reason I am proposing today that Ontario introduce a resident angling licence. I am recommending this—

Interjections.

Hon. Mr. Kerrio: The member for St. George (Ms. Fish) can go fishing.

This is an important part of the statement, so members should listen. I am recommending this on the condition that most of the revenues generated by the licence be used directly for programs to improve Ontario's fishery and also on the condition that my proposal meet with the acceptance of the majority of anglers of Ontario.

We estimate that a resident licence could add \$10 million a year to our fisheries management budget. The increased budget will allow the Ministry of Natural Resources to expand its existing programs and to initiate much-needed projects.

A resident licence will also give my ministry staff important information on how the resource is being used. In other words, it will tell us who is fishing, where and for what.

The benefit of this is that our fisheries management programs will be better geared to the needs of the resource user. We believe the majority of anglers support the concept of a resident fishing licence as a means of helping to pay for the protection, maintenance and rebuilding of the resource they use.

Interjections.

Mr. Speaker: Order.

Hon. Mr. Kerrio: I cannot believe they are all fishermen over there.

My ministry would like to see a licence introduced in 1987. While we are proposing that residents aged 18 to 64 pay \$10 a year, and those

over 65 pay \$5 a year, I must emphasize these terms are only a starting point for discussion and negotiation.

We want the public to participate in shaping the conditions, including the cost of the licence. To this end, a round of public meetings will be held across the province during the next three months. This will enable public discussion and participation.

As I noted earlier, the concept of "user pays" in fisheries management has received wide support across the province. This support comes from anglers and interest groups such as the Ontario Federation of Anglers and Hunters, the Northern Ontario Tourist Outfitters Association, the Federation of Ontario Naturalists and the Canadian Wildlife Federation.

I am pleased that representatives of two of those organizations, Ken Lounsbury, president, and Rick Morgan, executive vice-president of the Ontario Federation of Anglers and Hunters, and Rod Munford, president, and Bob McKercher, executive director of the Northern Ontario Tourist Outfitters Association, are here with us in the House today to share my enthusiasm for this announcement.

DOMINION STORES

Hon. Mr. Peterson: I would like to correct the record if I may. While discussing the withdrawal by Dominion Stores of \$62 million from their employees' pension fund yesterday, I stated, "That was a decision agreed to by the union and management, and the contract in that case and in other cases has to be agreed to by both parties."

The latter statement is correct in that companies may withdraw moneys from pension funds only when their collective agreement specifically so allows. However, the former statement inadvertently implies that the union agreed to this withdrawal which, as the member for York South (Mr. Rae) indicated, was not the case. The union involved knew it had agreed to withdrawal by the company in principle but in no way approved of this individual instance.

I apologize for any misunderstanding my statement may have caused.

RESIDENT ANGLING LICENCE

Mr. Harris: On a point of privilege, Mr. Speaker: I think you may want to take under consideration whether our privileges as members have been violated by the statement of the Minister of Natural Resources (Mr. Kerrio).

He came out with a statement that appeared in the Kenora Daily Miner and News last November. It is right here with his picture in the Northern Ontario Tourist Outfitters Association magazine with pretty much the identical statement he has not seen fit to share with the House until today.

Mr. Speaker: The member has suggested it may be a point of privilege. I believe it is something definitely stated outside the House. Therefore, I cannot deal with it as a point of privilege.

Mr. Harris: I will try not to take up too much time, but you might consider whether we need to waste the time of the House, then, if all these announcements are going to be made outside the House.

Mr. Speaker: Order.

2:30 p.m.

ORAL QUESTIONS

CONFLICT OF INTEREST

Mr. Runciman: I have a question of the Premier (Mr. Peterson). His government has been in power since last July—

[Applause]

Mr. Runciman: —adequate time, one would think, especially in such an open and honest government—

[Applause]

Mr. Runciman: Someone is applauding for it. Perhaps I should start all over.

The government has been in power since last July, adequate time for cabinet ministers—

[Applause]

Mr. Speaker: Order. This is question period. Would the member place his question, please.

Mr. Runciman: Perhaps we should put some time on the clock. I will try it again. This government has been in power since last July—

[Applause]

Mr. Runciman: I am going to keep doing it.

An hon. member: Sure, why not? We can play as long as you can.

Mr. Runciman: Those guys are a real laugh.

The government has been in power since last July—I think they have the message—adequate time for cabinet ministers to disclose financial holdings that could cause conflict of interest. As of last Friday, not one minister, including the Premier, had filed any disclosures with the Clerk of the House. When might we expect to see these documents?

Hon. Mr. Peterson: My impression was that they were all filed. The member may know something I do not. I will check with the clerk. He has no standing to speak in this House but it is my impression that it has all been taken care of.

Mr. Runciman: We have a copy of the Premier's guidelines regarding conflict of interest, dated September 1985, in which it states quite clearly that disclosure should be filed by the end of the year 1985. The Premier is saying they have been filed. I am assuming they have been filed today since we had information they were not filed on Friday.

Can he tell us when they were filed, were they filed in accordance with his guidelines, and if not, is this a collective administrative oversight or is it an example of an arrogant, cavalier attitude towards ethics?

Hon. Mr. Peterson: I take these things very seriously. We had a very esteemed counsel from the law firm of Tory, Tory, Deslauriers and Binnington, which the member and his colleagues know well, look at this matter and check these things very closely.

I will personally look into this. My impression was they had all been approved, not only by independent counsel from Tory, Tory but also by the legal official in the administration, the assistant deputy minister of civil matters, who is an authority on these things. He had seen all these things and they were all filed. If there is some technical misunderstanding, I will be very happy to check into it and clear it up.

Mr. Runciman: I was just handed a note that they are not filed yet. Obviously the Premier is going to blame this on a Tory, whether it is Tory, Tory—that is traditional for this government.

Given the delay, according to the facts in front of us, and dithering in getting its ethical ducks in a row, will the Premier today assure the House that he is committed to the principles of ethical, honest government and that he will act firmly and promptly should a member of the executive council be found to be in violation of these principles?

Hon. Mr. Peterson: I told the honourable member, obviously these are things one takes very seriously in the construction of the cabinet. I can assure the member a great deal of attention was given to these matters last summer when I was in the process of making the decisions that I did.

Extensive documentation was filed and, to the best of my knowledge, every little, tiny detail has been tied up and everything is as it should be, in conformity with the guidelines. I should point

out that I have had legal opinions on that, so if he has any suggestions, if he is standing in the House and suggesting there is a conflict of interest somewhere, I will be delighted to hear his charge or allegation, but I do not think it is quite fair to stand up and make some blanket allegations in the absence of some facts.

Mr. Runciman: I have not made any allegations other than to say that the Premier has not filed and I asked a question.

This question is to the Minister of Natural Resources. Will the minister confirm that officials of his ministry are involved in negotiations with Hearst Forest Management Inc. regarding a forest management agreement? Will he tell us whether he has had any discussions with the Minister of Northern Development and Mines (Mr. Fontaine) concerning this matter?

Hon. Mr. Kerrio: On as specific an issue as that, I would have to take it as notice and get back to the member.

Mr. Runciman: The Ministry of Consumer and Commercial Relations regulations call for notification of a company director's change of status within 10 days. As of last Friday, the directors of record for Hearst Forest Management were Lauryanne Joanis, Charles Lecours, Laurent Lecours, Benoît Lecours, Denis Lecours and René Fontaine.

Does the minister not think it is a major conflict for his ministry to be offering a significant benefit to his friend, colleague and fellow minister of the crown?

Hon. Mr. Kerrio: I do not think I can change the comment I made. I would have to examine the issue and get back to the member. I would not comment on it further than that.

Mr. Runciman: In my original question, I asked the minister if there had been any discussions with the Minister of Northern Development and Mines. He declined to answer.

We have found no public record indicating that the Minister of Northern Development and Mines has removed himself from the company. Even if he has recently made such a move, does the close involvement of the Ministry of Natural Resources with this company not beg a great many questions when Lauryanne Joanis, the sister of the Minister of Northern Development and Mines, remains as a director?

Hon. Mr. Kerrio: I am suggesting for the third time that I should take that as notice and get back after I have examined it. I have not been privileged to the questions the member has raised with the ministry as to who, why or where. I am

pleased to bring forward any information my ministry has. I have no reason not to do that.

DOMINION STORES

Mr. Rae: I have a question for the Premier arising from the circumstances that he and I discussed yesterday about the withdrawal of \$62 million from the pension plan by Mr. Conrad Black.

I wonder whether the Premier is aware that the annual report of Hollinger states that Dominion applied in 1985 for regulatory approval for recovery of a portion of the surpluses in its pension plans resulting from overfunding by Dominion, as it described it. It then goes on to say the money will be used for a variety of purposes, including employee termination costs among a number of other items.

Mr. Speaker: Question.

Mr. Rae: Since the Premier's own superintendent of pensions on November 29, 1985, issued a new set of revised rules regarding refundable amounts of surplus assets to plan sponsors, would the Premier tell us why this application by Dominion Stores was approved and why steps were not taken to resist any such efforts until such time as the government produced new guidelines?

Hon. Mr. Peterson: First, I was not aware of the Hollinger annual report. I do not read those things as a matter of general interest.

Second, I was not aware of the circumstances brought forward by the member today.

My understanding is that the Pension Commission of Ontario—which is independent; it is at arm's length from government—has the authority to make releases of so-called surplus pension funds when there is an actuarial certificate or guarantee that the fund contains 125 per cent of its legal obligations to pay out in terms of benefits. That is the current law and presumably in this case the law was followed.

2:40 p.m.

Mr. Rae: The commission has discretion. From April 1980 to March 1981, the amount withdrawn from active plans was \$2.6 million. From 1984 to 1985, the amount withdrawn from active plans and from plans that are being wound up is more than \$248 million. That is almost a hundredfold increase in that five-year period. What will the Premier do today to stop the haemorrhaging of the plans, in particular to stop the runs on plans, asset-stripping and skimming off, since the announcement by the Treasurer (Mr. Nixon) 10 days ago?

Hon. Mr. Peterson: In a sense, I am not here to justify anything, except to explain to the honourable member that those accumulations of large surpluses were essentially a function of very high inflation. We saw pension funds grow massively in the period of high inflation. The member's point is that the money should stay there for the benefit of the people for whom the money is intended, i.e., the employees.

The member should ask himself this question: Supposing there had been a deficiency, who would have paid paid for that deficiency? The answer, generally speaking, is that the employer would have had to make up any actual deficiency in the fund. However, the point he raises should be assessed again. As I said, the minister is in the process of doing that.

Mr. Gillies: The Dominion Stores workers I spoke to this morning have no idea whether there will be sufficient money in their pension plan to take care of their needs when they retire. Has the superintendent of pensions informed the government whether the plan at Dominion Stores remains actuarially sound and that the employees will get the benefits to which they are entitled?

Hon. Mr. Peterson: I assume the honourable member, as a former member of the executive council, will understand that the answer to the question is a very clear yes and that he will tell the employees that before there can be any withdrawal of surpluses, 125 per cent of the amount of the entitlements under the fund have to be guaranteed. If he wants an answer for the employees, it is a very clear yes. I know the member is responsible enough that he would not unwittingly inspire any lack of confidence in those people on this matter.

Mr. Rae: The Treasurer made an announcement some 10 days ago that admittedly was vague and not specific with respect to pension surpluses, but nevertheless was sufficient to earn him several headlines across the province, for which we all congratulate him. What does the government intend to do to stop a run on plans, a haemorrhaging of plans and a raid on funds by employers who read the newspapers like everybody else and know legislation is coming in April or May?

What is he doing to deal with the Pension Commission of Ontario to ensure the run on plans stops and is frozen so nobody else suffers the way the workers have suffered until now?

Hon. Mr. Peterson: I am sure the employers are reading the newspapers and probably are reading some of the things the member is saying. My guess is that will not inspire a run on the

plans. Employers have faith in the even-handed administration that now runs this province. I am not worried about that. What we have seen, as I think the member has pointed out in the statistics he has used, are massive surpluses that have accumulated as a function of inflation. We will monitor the situation and we will not allow any situation to develop where anyone's pension entitlement is in jeopardy.

STELCO TAX CONCESSIONS

Mr. Rae: I have a question for the Premier concerning the sweetheart deal with Stelco made in December 1984, involving tax concessions and the Griffith mine. I wonder whether the Premier can give us a clear statement as to precisely what agreement was arrived at in December 1984 and whether there are any written documents surrounding that agreement.

Hon. Mr. Peterson: May I refer that question to the Treasurer since the discussions with Stelco emanated from the Treasury about a year or a year and a half ago?

Hon. Mr. Nixon: Is that all right with the member?

Mr. Rae: That is fine with me.

Hon. Mr. Nixon: I remember the occasion very well. I was sitting on the opposition benches when the Premier of the day, or perhaps it was one of his ministers, indicated he had been informed by Stelco that the mine was about to be closed. I believe that was followed by questions. An announcement came some time afterwards that the government of the day was doing whatever it could to postpone the closure. I think approximately 250 jobs were involved there.

He indicated that the government was prepared to assume some of the costs of keeping the mine open for an extra year at least to phase down the utilization of the mine and at the same time maintain employment for an extra year. It was more or less an open-ended commitment. Our government could neither find nor was aware of any commitment in writing with respect to timing, the number of jobs to be maintained, the number of dollars to be delivered or anything like that.

The upshot of the matter was that the Deputy Treasurer was given the responsibility of dealing with Stelco in order to effect the announcement that was made by the former Premier, or perhaps by his minister at that time. The net effect was also influenced by a statement made by the government after some changes in the tax policy of the government of Canada, which are somewhat intricate for me to describe on the spur of

the moment or, to tell the truth, at any other moment.

I should indicate that the policy of the province was that they would not follow—

Mr. Speaker: Order. That appears to be ample time for a response.

Mr. Rae: Some kind of deal must have been struck in December 1984, because the Minister of Northern Affairs at that time, now the member for Kenora (Mr. Bernier), said, "This will come as a real Christmas present to the workers and their families, who have been facing a very uncertain future over the past number of weeks."

Is the Treasurer aware that in January 1985, 20 per cent of the work force was laid off? Is he aware that for three months in 1985 the mine was closed? Is he aware that 116 people are now working in the mine and that further layoffs are anticipated before April 1986?

Precisely what kind of deal was made whereby Ontario gave away \$2.6 million and does not appear to have gained the guaranteed opening of the mine for a full year from April 1985 that we had bargained for?

Hon. Mr. Nixon: The arrangement was made by our predecessor government. We were left to pay the bill.

The report in the press is as the member has read it. We were informed by the Deputy Treasurer, and properly so, that he had been asked—in fact, instructed—by the government of the day to do what was necessary to keep the mine open. There was no written commitment in the arrangement made at the time. It is regrettable, but that is the fact. There was no written commitment by Stelco to maintain employment.

As I have tried to tell the honourable member in the limited time available, there are other commitments by the government of the day having to do with not paralleling the tax decision taken by the government of Canada with regard to the mine's profits.

Mr. Rae: I cannot understand why the Tories are not asking questions on this.

Can the Treasurer confirm that there was no written agreement, no guarantee with respect to jobs and no explicit setting out of exactly what the arrangement was going to be; and that despite this fact, the Liberal government paid the bill for \$2.6 million. You forgave taxes owed to the government of Ontario for \$2.6 million, in exchange for which we have had a mine closed for three months and several thousand working hours lost as a result of the decision that was made? The government bought a pig in a poke, paid for it, and cannot even justify the payment.

We have no jobs in return for the money paid out of the Treasury of Ontario.

Hon. Mr. Nixon: We fulfilled the commitments made by the predecessor government.

2:50 p.m.

RESIDENT ANGLING LICENCE

Mr. Harris: I have a question for the Minister of Natural Resources concerning his ridiculous statement today. He said, "I am recommending this on the condition that most of the revenues generated by the licence be used directly for programs to improve Ontario's fishery."

How does the minister have the gall to stand up in this House, after having announced it in several other places, and use words such as "on the condition that"? Has he not sorted it out? Can he not assure us that the money will be put into fishing? When announcing something like this, why can the minister not stand up and say, "I assure you all of the money will be put into fishing?" Do the people who are here watching today, understand the condition, that he is saying "maybe" and "most"?

Hon. Mr. Kerrio: It is obvious the former minister is very much incensed that this government is moving ahead in such a responsible way. The resource is going to be well managed and we are going to provide—

Mr. Grossman: The minister should answer the question; he should not embarrass himself.

Mr. Stevenson: Why did the minister cancel the fish culture station on Lake Simcoe?

Mr. Speaker: Order.

Hon. Mr. Kerrio: Through my ministry, the government is going to manage the resource. We are going to use moneys that will be transferred, but we cannot say specifically how. The member might have learned in the short time he was in the ministry that the moneys go into consolidated revenue and the Treasurer, very properly, is going to act in the best interest of improving the fishery, so we can say we are going to do things in habitat and fishery control that will help the people buying the fishing licences.

We are never going to enter an arrangement whereby we ask people to buy a licence and then we cancel it in the middle of the year, send the money back and do something the previous government did that was absolutely ridiculous.

Mr. Harris: Does the minister not understand he is insulting the Ontario Federation of Anglers and Hunters and groups such as the Northern Ontario Tourist Outfitters Association when he comes forward and says, "Maybe the moneys..."

and "Maybe most of the moneys...." Those are not the proposals for which these groups are asking and have come to the minister. He cannot assure any of the money and he is only asking for most, not all.

At a time when increased economic activity and inflation have added \$2 billion to the provincial Treasury, increased taxes have brought in another \$750 million and there has been another \$250 million from Ottawa since the last budget—that is \$3 billion—can the minister explain to me why he still wants to charge another \$15 to a grandfather who wants to take his grandson for one little hour of fishing on the family dock?

Hon. Mr. Kerrio: The obvious has escaped the member. Much of the increase he is talking about is paying some of the debts the previous government accumulated. Those deals it made under the guise of good management have been a disaster for the people of Ontario. Naturally, we are going to pay off those debts, but we are also going to be very responsible to the people in this province.

Interjections.

Mr. Speaker: Order. It is the members' time that is being wasted.

Mr. Laughren: Will the minister make a firm commitment on two points. First, it will not be somewhere near that amount of money that is spent on restocking and conservation, but precisely the equivalent amount that will go towards improving the fisheries. Second, any resident angling fee that is applied will be a family fee?

Hon. Mr. Kerrio: Now there is a sensible question. I must share with my friends who made all this possible the fact that those are the kinds of things we are going to discuss at the open houses. Certainly we will accept someone's submission that we should have a family fishing fee. We want families to go fishing in Ontario. However, the fact remains that this ministry, through the community fisheries involvement program, is doing good things right now in this province to improve the habitat, to build hatcheries and to provide fishing for the people of Ontario and our visitors. I am going to use the money for that cause, and all members are going to be very happy when they see it come to fruition.

Mr. Stevenson: On a point of order, Mr. Speaker: The minister comes in here today pretending to give something to the fishery industry of Ontario, but the same minister cancelled—

Mr. Speaker: Order. Will the honourable member take his seat.

INSURANCE RATES

Mr. Hayes: Mr. Speaker, my question is to the Minister of Consumer and Commercial Relations.

One of my constituents is trying to expand his boat building industry. This will mean jobs if this business is expanded. The problem is that the owner, Mr. Hector Renaud, has gone to three insurance brokers and they refuse to insure his business. He plans to move his operation to the United States because he can get coverage there. This means a loss of jobs in Ontario.

Mr. Speaker: Question.

Mr. Hayes: We cannot wait for the minister's task force. What will he do to ensure affordable insurance in the meantime?

Hon. Mr. Kwinter: I thank the member for his question. If he had called our office, we could have helped him.

To answer his question about what I am doing in the meantime, we are not waiting for the task force to solve the immediate problem. Our market assist program has been very successful. I do not know of a single instance in Ontario right now where insurance is not available, albeit at a higher price. If he will have that man contact my office, we will be able to help him.

Mr. Hayes: The minister has been really feeding us a line that the insurance problem is international. Jobs are now being lost in my riding because insurance is easier to get in Michigan.

If this is an international problem, will the minister explain to this House why is it easier for a new business to get insurance in the United States than it is in this province?

Hon. Mr. Kwinter: I find the question interesting in that for the last couple of weeks I have had various members of the opposition say to me one of the problems of the insurance industry in Ontario is that it is being classified with the insurance industry in the United States and that I should go to Europe and let the reinsurers know we are not part of the United States. I would like to have that information. I personally do not think it is correct, but I will be happy to look into it.

Mr. Runciman: In the minister's statement on January 9, he said the insurance situation has been made more critical by the year-end decision of the reinsurance industry to limit its participation in underwriting Canadian reinsurance needs.

The minister has emphasized that time and time again.

If he really believes that, can he tell the House why he or his government or his officials have not contacted Lloyd's of London to discuss the differences between the United States and Canada, and Ontario especially? Why has he not contacted Mr. Wells, Ontario's Agent General, to arrange a meeting with the reinsurers to discuss this problem, and why has he not contacted Mr. McMurtry? If this is so important, why has he not done anything?

Hon. Mr. Kwinter: The reason I have not done it is that I did what I should have done, and that is to contact the federal Minister of State for Finance, who has responsibility for reinsurance. She is one of the honourable member's colleagues in Ottawa. She gave me her undertaking that she would look into it.

3 p.m.

ASSISTED HOUSING

Mr. McCague: I have a question for the Minister of Housing. What is the minister's policy regarding the eligibility of psychiatrically disabled people for assisted housing through the Ontario Housing Corp. or its authorities?

Hon. Mr. Curling: We made provision in our last housing policy statement to accommodate psychiatrically handicapped people.

Mr. McCague: That being the case, I cannot understand the holdup. That policy was announced last June by the then Minister of Municipal Affairs and Housing, the member for Don Mills (Mr. Timbrell).

I have a letter from a constituent who has been told by the authority that it cannot find her any housing and that because of her psychiatric disability she may be a danger to people. When can I tell my constituent she will have some hope of obtaining assisted housing through the authority?

Hon. Mr. Curling: The honourable member has mentioned a specific case. If he has that person call my office, maybe we can be of help to her. If I can have the name, I will deal with it.

INSURANCE RATES

Mr. Wildman: I have a question for the Minister of Consumer and Commercial Relations. Is the minister aware that in the past year liability insurance for tavern owners in this province has virtually dried up? Many insurers have dropped out of this class of insurance even in mid-term.

If the minister is aware of this, what is he doing to ensure that other companies besides Pafco will look into the insuring of tavern owners so we do not have a lot of liquor outlets operating in this province without insurance of any type?

Hon. Mr. Kwinter: I again refer to my market assist program, and I will take a moment to explain what it is. It is a group of professionals in the industry, led by a lawyer and an insurance broker, who are canvassing the market and finding solutions to these problems.

All members will know there was a headline article in the *Globe and Mail* this morning that referred to the possibility of putting together a subscription arrangement that would cover exactly that problem. It was one of the problems listed. I am encouraged by these efforts. I expect that we will have a resolution and that this problem will be solved.

Mr. Wildman: Is the minister not aware through his canvassing of the industry that the only company providing insurance for tavern owners right now is Pafco? Is he aware that Pafco is so flooded with applications for insurance that it is very careful about which companies it will insure? Can the minister tell us what can be done in the interim, while he is doing his canvassing, for companies such as the Sinton Hotel and Tavern in Thessalon, which has been told it cannot get any kind of insurance?

Hon. Mr. Kwinter: We are no longer canvassing. I have said to the honourable member that we have this problem virtually solved. We have a new subscription arrangement. We have a group of companies that are prepared to underwrite this kind of risk. We are finalizing the arrangements and we will do something about it very shortly.

Mr. Gregory: I am quite surprised at the minister's answer and at his information that somehow he had something to do with this arrangement between insurance companies. In fact, any arrangement between insurance companies getting together to cover these risks came about through fear of some supposed motion of no confidence. How can the minister stand in his place and take credit for that arrangement?

Hon. Mr. Kwinter: I am not taking credit, but I will tell the members about the man who should take credit. He is sitting right in the gallery, Mr. Al O'Donnell. He has been working for our market assist program and he has put that deal together. It had nothing to do with the insurance companies being afraid of anything. He did the job; he put them together. As soon as we get it

finalized, it will solve some of the problems; not all, but some of them.

CHILDREN'S AID SOCIETY

Mr. Baetz: I have a question for the Minister of Community and Social Services. The long-standing strained relationship between the executive director and the board of directors of the Children's Aid Society of Ottawa-Carleton has culminated in the sudden firing of the executive director without specific cause being stated by the board. This firing has resulted in the resignation of several board members and widespread concern among staff members and can easily lead to a deterioration in the essential services to children and families provided by this agency.

What specific steps has the minister taken or is he prepared to take to ensure that the present impasse is resolved and that the services of this vital agency do not deteriorate?

Hon. Mr. Sweeney: The honourable member will know that the ministry and the Ottawa-Carleton children's aid society jointly sponsored a study into the management difficulties of that agency. The study, which has since been released and made public, clearly pointed out the range of difficulties and strongly suggested the board and the executive director sit down to work out their mutual differences. Instead, the board decided to dismiss the executive director. It is within its legal rights in doing so.

My staff in the Ottawa area immediately contacted the board and indicated that it would be monitoring very carefully and on a regular basis the services being made available to children and that if at any time those services deteriorated, we would have to have further discussions with the board as to ongoing events. We have also made it clear that although we may not necessarily agree with how the board has handled it, it is within its rights to proceed as it has and we will not intervene directly in the autonomous operation of that board.

Mr. Baetz: It is an autonomous board, but the minister knows or should know that ultimately he is responsible for the delivery of those social services to the families and children by the Children's Aid Society of Ottawa-Carleton. He is responsible. In view of the fact that the situation has deteriorated and come to an impasse in spite of his report—in fact, his own report suggested this would happen—what is the minister going to do to correct the impasse?

Hon. Mr. Sweeney: Our responsibility is to assure ourselves that the services being delivered

to children and families are adequate and appropriate. We are doing that on an ongoing basis. We have indicated to the board that we are prepared to work with it to help resolve this impasse, but we are not prepared to step in and take over the operation of that board. We are prepared to work with them and to ensure that the services are appropriate, but at the same time, it is an autonomous board and we are not prepared to take it over.

Mr. Baetz: The minister is responsible for the services.

Hon. Mr. Sweeney: We will maintain those services.

Mr. Baetz: Okay.

3:10 p.m.

INTEGRATED HOMEMAKER PROGRAM

Mr. R. F. Johnston: My question is for the same minister. I do not think I will bother the minister for the elderly on his potpourri of rehashed Tory programs and a couple of good new initiatives. Rather, I will take on the Minister of Community and Social Services for what is an incredibly disappointing failure to deal with the whole question of integrated homemaker service.

Will the minister admit to this House that in his budget for this year, only three per cent of the total allocation for senior citizens is going to provide help for people to stay in their own homes? The rest is going to institutions in this province. If one adds in nursing homes, it will be only one per cent of the money.

Mr. Speaker: The question has been asked.

Mr. R. F. Johnston: How can the minister justify adding only \$3 million to this program to go to homemakers for this year?

Hon. Mr. Sweeney: There is no doubt that the history of services to seniors in this province has been dependent largely upon institutional services. That is correct. However, the honourable member should be aware that the major change in direction of this new government has been towards the provision of services in the community and in the homes of seniors and the physically handicapped.

The \$3 million that has been announced for this program is only for the first year. The announcement says clearly that it will be phased in over the next few years and that the annual amount for this program will be \$60 million.

I also point out that the additional services announced by my colleague will add an additional \$11 million. There has not been a single year in

which as much new money has been put into services for the elderly in the community and in their homes, as there has been this year and as there will be in succeeding years.

Mr. R. F. Johnston: It is not my intention to try to support the pitiful record of the former government, but the minister must recognize that he will be spending less on this whole program than he has on the 300 new beds for nursing homes he has already approved in this province this year.

How does he expect there to be any change when he is giving only \$500,000 to each of these pilot projects? If it is that cheap to do, if he is going to spend only \$500,000 per project in the six communities, why not do it for the whole province? What about the whole human rights question and the rights of other people in the province to those same services?

Hon. Mr. Sweeney: The point has been clearly made that this year's program was based upon the selection of six sites with several criteria, including geographic distribution, to work out the local, municipal and agency mechanics of tying together several existing programs. They are programs that come under the Ministry of Health and the Ministry of Community and Social Services.

This approach is a significant advance in that previously, a number of people were not able to qualify because they had to have a medical reason or undergo a needs test. That is no longer necessary.

The other significant change is that there will be a single point of admission for these people; they will not have to go to two or three different agencies. The third significant change is that there will be an ongoing case management service provided to seniors so that as their needs change, the services will change.

Mr. Cousens: It is not a pleasure to raise this because what is in the minister's announcement today is a rehashing or a regurgitation of a Tory announcement of some months ago. I am sorry the minister did not give credit where credit was due.

Mr. Speaker: Is your question, "Do you agree"?

Mr. Cousens: I am leading up to it. When one talks about giving credit, why does the minister not do something—here is the supplementary—

Mr. Rae: How bad is it?

Mr. Cousens: Oh, go suck a bone. The member should do something he is good at.

Mr. Speaker: Order. Does the member have a supplementary or not?

Mr. Cousens: Yes, I do.

Mr. Speaker: Then place it.

Mr. Cousens: I am trying to. When is the minister going to do something about the 4,200 nursing home beds that were already approved by our government? When will he start doing something about them as part of this regurgitation and rehashing?

Hon. Mr. Sweeney: The honourable member is asking me to give credit to the previous government, which initially announced this program in 1981 but which never implemented it. As a matter of fact, the dollars for this program were put in every single budget of the previous government, beginning in 1981, and the program was never implemented. In other words, for five years the seniors of this province were denied this service. That is not something the Tories will want to take credit for.

Mr. Speaker: Order. The minister has had ample time to respond.

The Chairman of Management Board has a response to a question asked by the member for Nipissing (Mr. Harris).

SMALL MARINA EXPANSION PROGRAM

Hon. Ms. Caplan: Yesterday, the member for Nipissing asked a question about the small marina expansion program. As he will know, the Board of Industrial Leadership and Development programs were all reviewed this past summer, and that program has been postponed owing to the lack of BILD funding. In 1985 and 1986, BILD funds were provided only for existing, ongoing programs. In fact, application forms were never provided for this program, since BILD funding was not available.

Mr. Harris: I remind the minister that BILD funding was provided, the program was announced and letters from the Ministry of Natural Resources went out to all the small marina operators throughout the province. The response was fantastic, as the Minister of Natural Resources (Mr. Kerrio) will tell the minister. Unfortunately, the minister has never asked for the money to go back in there.

The Chairman of Management Board has acknowledged today that the program has been cancelled. Yesterday, she did not know about the program at all or where it was. Had the Minister of Natural Resources ever talked to her about this program, yes or no?

Hon. Ms. Caplan: Members of the cabinet speak to me in my capacity as Chairman of Management Board about many of the unmet needs, many of the items they would like to initiate. We are beginning the estimates process now, and the honourable member would be amazed at the marvellous, wonderful, good ideas that the ministers are coming forward with.

CANCER TREATMENT CENTRE

Mr. Gordon: I have a question for the Minister of Northern Development and Mines. The minister said last week he was going to speak from the heart for cancer patients who require treatment in northeastern Ontario. Can he tell us whether he is prepared to put up the one third in capital funding that the Ontario Cancer Treatment and Research Foundation apparently says it does not have, to show the people of the north that he truly is the minister for the north?

Hon. Mr. Fontaine: The Minister of Health (Mr. Elston) and I are studying this issue and will have an answer pretty soon.

Mr. Gordon: The minister has had some time to study this issue. When one considers the number of patients who come out of the north, it is the only region in Ontario that does not have a full-fledged cancer treatment centre. Surely the minister can allay the fears and concerns of those families and those patients by telling this House today that he is going to provide those moneys for that capital construction.

Hon. Mr. Fontaine: I remind my honourable friend that five of my family have died of cancer during the past seven years, and there was no place in the north to treat them. We cannot change that overnight.

Let us take our time. The Minister of Health and I are looking into it. There is a budget coming up, and there are some estimates. We are working on it, and there will be a decision in due time.

3:20 p.m.

IRRADIATION OF FOOD

Mr. Swart: I would like to put a question to the Minister of Consumer and Commercial Relations about the proposed increase in the irradiation of both domestic and imported food.

Does the minister share the concerns of many groups about the harmful changes to food from the process and about the need for people to know whether the food they are buying has been irradiated? Has he replied to the questions from the Department of Consumer and Corporate

Affairs in Ottawa about the labelling of irradiated foods, and if so, what did he say?

Hon. Mr. Kwinter: I have not had any communication on that subject. Those items are a federal matter. We raise items in our ongoing relationship with the federal department, but that is under federal jurisdiction.

Mr. Swart: Is the minister telling this House he has not seen or concerned himself with the communiqué that has been in his office for two months and for which the deadline for response is January 31? Will he look into this, as he should already have done, and reply insisting that all food packages be prominently labelled, not with some vague logo but with the word "irradiated" so customers—

Mr. Speaker: Order. The question was asked.

Mr. Swart: —will recognize what they are buying?

Hon. Mr. Kwinter: I will be happy to look into the matter.

OVERTIME WORKERS

Mr. Speaker: The Attorney General (Mr. Scott) has a response to a question previously asked by the member for York South (Mr. Rae).

Hon. Mr. Scott: Yesterday, the leader of the third party asked about the statement that the Minister of Labour (Mr. Wrye) had made with respect to the decision not to lay charges against employers and employees for early breaches of the Employment Standards Act.

The practice in the ministries of government and the dictate of the Ministry of Labour Act is that the ministry is responsible for initiating charges and developing prosecution policy. The Ministry of the Attorney General becomes involved only once an information has been sworn and a prosecution launched.

Mr. Rae: The minister has to be kidding. He is the chief law officer of the crown and we have the Minister of Labour announcing a blanket exemption from all prosecution for violations of the Employment Standards Act because he says the employers never thought the government was serious about enforcing the law.

Can the Attorney General tell us what other legislation the government does not take seriously and what other kinds of blanket amnesty he is going to award to every employer who wants to break the law in Ontario?

Hon. Mr. Scott: There was an awful lot of editorial comment in that question. I take it the point of the question is, what are the responsibilities of the respective departments? If my friend

takes the trouble to read the Ministry of Labour Act passed by this Legislature and paralleled by other ministry acts, he will see that the initiation of enforcement is the responsibility of the ministry that has the responsibility to the statute.

Once the process is initiated by the laying of an information, it becomes a matter for the staff of the Ministry of the Attorney General. On the merits of the case, which have nothing to do with me, the act entitles the ministry to prosecute both employers and employees.

I take it that the question was, bearing in mind the determination by the previous government traditionally not to prosecute for breaches in this case, is there any point in launching prosecutions now with respect to overtime worked by employees, in some cases months and in some cases years ago? The prosecutions would have to be taken against the employees as well as the employers if the discretion of the ministry were not exercised. There is no practical point to it at this stage; that is the truth of the matter.

RED MEAT PLAN

Mr. Lane: I have a question for the Minister of Agriculture and Food. On November 1, I asked the minister whether the national tripartite stabilization agreement had been signed, and if so whether it would cover the cow-calf producers for 1985 production. He answered that the agreement had not been signed, but would be soon, and that he hoped it would cover production for 1985.

Since his statement on November 26 saying the national tripartite stabilization agreement had been signed, he has responded to questions in the House from the official opposition that perhaps indicated the cow-calf production would not be covered. Could he tell the House today whether the cow-calf producer can expect some assistance for 1985 production?

Hon. Mr. Riddell: The answer to that question is no. Had there been a cow-calf stabilization plan in place in 1985, a stabilization payment would not have been made simply because the calves sold for a higher price than the established stabilized price. The federal-provincial committee is currently working on a cow-calf program which we hope to be able to put in place to cover the 1986 cow-calf program, if the price is such that the stabilization price would have to be activated. There would not have been a retroactive payment in 1985 had there been a program in place. Yes, we hope to have a cow-calf program in place in 1986.

Mr. Lane: I am sure the minister is aware that most of the farmers in the beef industry in northern Ontario are cow-calf producers. They have their money invested for at least three years, some of them for longer, before they have a calf to sell. In the light of the large payments cow-calf farmers in Saskatchewan and Alberta are getting—the minister has included in the program the short-term feeder cattle owned by feedlot operators for 60 days or more, and he has forgotten the cow-calf farmers; there are many unhappy cow-calf farmers in northern Ontario—

Mr. Speaker: Supplementary please.

Mr. Lane: Will the minister now tell the House what he intends to do to correct this situation? Is he saying his government does not care about the farmers in northern Ontario?

Hon. Mr. Riddell: I have talked to quite a number of sales barn agencies throughout Ontario and they have confirmed that calves sold for a relatively higher price than slaughter cattle. They fully understand the reason calves would not have qualified for a stabilization program in 1985. The same could be said for the cow-calf operators in northern Ontario.

It might interest the member to find out exactly what the calves did sell for in northern Ontario and then come back tell me what figures he was able to put together. I am sure he will find the calves sold for more money than the stabilization plan would have paid.

EMPLOYEE HEALTH AND SAFETY

Mr. Martel: I have a question for the Minister of Labour. Would he send someone from his top staff at 400 University Avenue to review a company which refuses, unless it is so inclined, to provide gloves or masks for the workers when they are working with paint or around grinding machines, and where employees working in noise have to provide their own earplugs?

Hon. Mr. Wrye: I thank the honourable member for the question. I would be only too pleased to act in that way. I must share with the House the fact that my friend has raised this matter with me privately and I thank him for doing so. If the allegations are true, I would share his deep concern about that plant. I will ask him to indicate to me privately, if he would, the name of that company, and I would be only too pleased to have an inspection done by senior officials from 400 University Avenue very quickly.

Mr. Martel: While this inspection is going on, would the minister have his inspector confirm that there is proper ventilation and that

there is a health and safety committee in place? There are more than 50 workers there. Why is it that management always shuts down certain pieces of equipment and sends the workers to the washroom for a smoke 30 minutes before the inspector out in the field comes into the operation?

3:30 p.m.

Hon. Mr. Wrye: I am prepared to do the first two as part of a very thorough inspection. On the last comment, the implication of the member, which I accept, is that there is prior warning. This minister has indicated since taking office that we will act appropriately when action is to be taken against anyone who would give prior warning. There is no point in an inspection being launched if a work place has prior notification. Every member of this House would understand that.

I will give the member a commitment that our inspector, in visiting the establishment, will question a number of workers very closely to ascertain whether there has been any previous early warning of an inspection. I take these matters very seriously and I give the member that commitment.

SUPPLEMENTARY QUESTIONS

Mr. Speaker: I would inform the members that I have been listening to and watching question period during the last number of weeks. On quite a number of occasions members have asked questions and ministers have taken those questions as notice. I have been allowing supplementaries.

However, I thought today was a typical example of where I should not allow supplementaries which lead really to the same answer, that the minister would respond at a later time. I hope the members are all agreeable that I do not allow supplementaries if a question is just taken as notice.

Mr. Timbrell: Mr. Speaker, on a point of order: It has been the practice in this chamber for the 15 years I have sat here to allow supplementaries or to provide for supplementaries on answers given to previous questions. Speaking for our party, I can say we are not agreeable to a blanket removal of that right.

Mr. McClellan: Mr. Speaker, I agree with the member for Don Mills (Mr. Timbrell) that the precedents of this House, since I have been elected, are that supplementary questions are permitted when ministers come in the subsequent day with an answer to a question. It is necessary to safeguard the rights of the members and allow

this tradition to continue. It is a very important point whether the table regards it as such or not.

Hon. Mr. Nixon: Mr. Speaker, if I may comment along with the other two House leaders, I can say on behalf of my colleagues that we have no objection to having supplementaries based on those answers put to us. As a matter of fact, we look forward to them.

Mr. Speaker: Perhaps I did not make myself clear. I suggested that when a question is placed and a minister states that he will take it as notice—in other words, when there is no response—the question must flow out of the response.

Because of this discussion, I will watch it during the next little while and we will discuss it further.

Mr. McClellan: Mr. Speaker, I apologize for not understanding your point. Because of the way you are moving questions along at a speedy clip, when a member has a question to place and a minister takes it as notice, the member may well wish the minister to report back on additional information on a subsequent occasion. I would therefore ask you to be very careful before you cut off the right of members to supplementary questions.

Mr. Speaker: All right. We have had plenty of discussion. I understand the feeling of the members and I will carry on the way they suggest. No problem.

NOTICE OF DISSATISFACTION

Mr. Speaker: Pursuant to standing order 28(b), the member for Nickel Belt (Mr. Laughren) gave notice last Friday that he was dissatisfied with the answer to his question by the Minister of Northern Development and Mines (Mr. Fontaine). This matter will be debated at 10:30 this evening.

PETITIONS

SALE OF BEER AND WINE

Mr. Ward: I have a petition from Victoria-Haliburton that reads as follows:

"To the Honourable the Lieutenant Governor and the Legislative Assembly of Ontario:

"We, the undersigned, beg leave to petition the parliament of Ontario as follows:

"As members of the United Church residing in the Lindsay presbytery of Bay of Quinte conference, we are concerned that the proposed legislation allowing sale of beer and wine in corner stores is not one which will enhance the

quality of life or contribute to the total health concept for the citizens of Ontario."

ROMAN CATHOLIC SECONDARY SCHOOLS

Mr. D. W. Smith: I have a petition addressed to the Honourable the Lieutenant Governor and members of the Legislative Assembly of Ontario. It is signed by two constituents of Lambton and reads as follows:

"Dear Mr. Premier:

"Ontario is a multiracial, multicultural and multifaith society that is well served by a strong public school system. Your government's proposal to extend public funding to Roman Catholic separate secondary schools is a backward step since it will grant special status to one specific denominational group. We urge you and your government not to proceed with this divisive proposal."

It is signed by two people from the Coalition for Public Education.

INTRODUCTION OF BILLS

RENFREW VICTORIA HOSPITAL ACT

Mr. Eves moved, on behalf of Mr. Yakabuski, seconded by Mr. Gillies, first reading of Bill Pr50, An Act respecting Renfrew Victoria Hospital.

Motion agreed to.

OTTAWA LITTLE THEATRE INC. ACT

Ms. Gigantes moved, seconded by Mr. Breaugh, first reading of Bill Pr12, An Act respecting the Ottawa Little Theatre Inc.

Motion agreed to.

ORDERS OF THE DAY

LABOUR RELATIONS AMENDMENT ACT

Hon. Mr. Wrye moved second reading of Bill 65, An Act to amend the Labour Relations Act.

Hon. Mr. Wrye: On November 26, 1985, I introduced an amendment to the Labour Relations Act to provide for the arbitration of first collective agreements. At that time, I reviewed the essential features of the arbitration procedure in some detail and I do not propose to repeat my comments today. However, there is one important point which requires clarification and emphasis.

The bill is intended to assist parties in establishing collective agreements where the normal process of bargaining has faltered following certification. Some commentators have suggested the bill represents a codification of an

existing jurisprudence and requires the applicant to demonstrate that the other party has bargained in bad faith and, therefore, has contravened section 15 of the act.

This restrictive interpretation was not intended, nor do I think it is supportable when the language of the bill is carefully examined. Without analysing the bill line by line, I would like to draw attention to certain of its provisions which carry its application far beyond the narrow test of bad faith bargaining.

To begin, I would note that subsection 40a(2) authorizes the board to order the settlement of a first collective agreement by arbitration where it appears collective bargaining has been frustrated. The concept of frustration is new to the Labour Relations Act and, significantly, it focuses attention on the existing state of affairs between the parties. The impasse may be attributable to deliberate misconduct but, equally, frustration may result from uncompromising positions derived from unrealistic expectations or inexperience with the bargaining process.

3:40 p.m.

The full spectrum of possible causes for frustration of bargaining is set out in clauses 40a(2)(a) through (d). I direct members' attention to clause 40a(2)(d) in particular. It empowers the board to find that bargaining has been frustrated for any reason it considers relevant.

The important point to remember is that access to arbitration is based on the concept of frustration, not on a test of bad-faith bargaining. In my opinion, the language of this section is clear and can bear the expansive interpretation necessary to achieve the government's objectives. However, I am prepared to consider necessary changes to the bill to put this matter beyond doubt by expressly conferring upon the board the power to order settlement by arbitration irrespective of whether the parties have bargained in bad faith.

There are certain technical and other improvements which I intend to propose at the committee stage to strengthen the legislation. These refinements include additional adjudicative powers to enable arbitrators to effectively fulfil their responsibilities under the bill, a provision to reconcile applications, termination or certification proceedings and clarification of the timing of retroactive awards.

I will send over to my official critics in the two opposition parties more details on these technical amendments so they may have some idea of what amendments will be coming forward.

Mr. Gillies: I look forward to reviewing those amendments and I am sure that my colleagues and I will want to give them every consideration before committee stage is reached on this bill.

This bill and the whole question of first contract arbitration is one that has taken a considerable amount of my time and concern in the weeks that have passed since the minister first introduced the legislation. I would like to say at the outset that our caucus, the Progressive Conservative Party, is very sympathetic to the problem and the phenomenon that the bill attempts to address. I have to tell the minister, however, that on reviewing the legislation, we find that it is not supportable in its current form.

I would like to talk a bit about the substance of the bill about what the minister is doing and what he is trying to do. In a spirit of co-operation and in terms of addressing the principle of the bill, but also with respect to sharing thoughts and information about this whole section, I hope we will have a fairly stimulating debate this afternoon.

I would be the first to admit that probably the most protracted and bitter disputes that ever mar our collective bargaining system in Ontario are those surrounding first contracts. This is not a new phenomenon. I am sure we can all go back over the years. Some of the names that come to mind are the dispute at Fleck Manufacturing, the dispute at Radio Shack and, most recently, the dispute at the Canadian Imperial Bank of Commerce with the Visa workers. We are all concerned about this.

We have a situation where a bargaining agent has won the right, through the means that are now enshrined in law, to represent a unit and then goes on from that certification process to achievement of a first contract. I understand there are some 400 first contracts for which there is an attempted negotiation every year; at least this has been the approximate number in the last couple of years.

I further understand that about 85 per cent of those are successfully negotiated between the two parties. So we are talking about 15 per cent, or perhaps 50 or 60 contracts a year, which are not negotiated and are not settled. In many cases, what happens is that the workers become frustrated with the inability to win a contract with the employer. The ground is there and then ripe for decertification to take place and for the work place, in some cases, to return to the earlier arrangement without a bargaining unit.

There are as many ways to come at this problem as there are members of the House, and

they are all packages that we could mentally put together to attempt to reach the end. What is the end that we want? We want much closer to 100 per cent of those first contracts to be successfully negotiated, as about 85 per cent are now. I am sure the minister would agree that, for a new bargaining unit and for an employer faced for the first time with a bargaining unit, the healthiest and most satisfactory solution by far is for the two parties to come together and negotiate that first agreement themselves.

While I am far from an expert on matters of labour-management relations, it seems to me this would help cement the relationship between the employer and the new representatives of the employees. When one removes that hands-on negotiation and puts it in the hands of a third party, be it the Ontario Labour Relations Board or a private arbitrator, while it may be necessary in some cases, this puts it at arm's length from the people who are most directly involved in the process and who have the most at stake. That, however, is in an ideal world.

The situation we are faced with is that about 15 per cent of the first contracts are not negotiated in that manner. Why? In the past number of weeks since the minister brought this bill forward, I have had an opportunity to conduct quite a consultation on behalf of our party, with representatives of labour, employers' groups, labour lawyers—both those who act for employers and those who act for employees—and also interested people, people who read as we do about these disputes and wonder what might be the best way to avoid them.

Part of the problem seems to be a weakness in the certification process. The minister and I had a brief opportunity to discuss this during his estimates. Part of the problem is that the efforts of the newly certified bargaining unit are often frustrated, or there is an attempt to frustrate their efforts in the event of a first contract, because in the employer's mind the certification process was often not satisfactory and he is continuing the battle. In other words, he does not feel he has had his innings.

I am almost directly quoting a conversation I had with a very prominent labour lawyer here in the city. The employers do not feel they have had their innings or that they have been treated fairly. Therefore, they continue the battle at the next stage, which is the achievement of a first contract. As is always the case in human affairs, sometimes the feeling that they are not treated fairly under the certification process is fair and sometimes it is not. However, this is in the mind

of an employer when he is faced with a bargaining unit for the first time.

We have to wonder whether the legislation the minister has proposed addresses the root problem or whether it addresses the symptom. I see the minister nodding because he is wondering whether this is the correct approach.

We have to wonder whether a package of reforms should be brought in that will lead to a much higher degree of satisfaction on the part of employees and employers as to both the certification and the achievement of a first contract. I wonder whether all the parties involved have enough information before them at the time both these steps are undertaken.

These are some of the thoughts I put forward to the minister as a more complete and reasoned approach to this problem. It has been suggested to me that perhaps the mechanism of the conciliation board should be looked at again. It is a mechanism that has not been used very much for a number of years, as the minister knows.

However, if the conciliation board was brought back as an intermediary step after certification and before everyone throws up his hands and says, "Forget it, this is not working," it might lessen the need for arbitration. The minister and I have had words about this and we probably will again.

We have to wonder whether everybody—management and employees—would be more satisfied with the certification process if a secret ballot of all the employees was part and parcel of that process. We then have to wonder whether the employer would feel he had had his innings—he now has a bargaining unit and has to deal with it—and then would proceed to bargain in good faith with the new bargaining unit.

3:50 p.m.

We have to wonder also whether that would alleviate some of the concerns expressed by some employees that they do not know what is going on at the time of certification and are being somehow dragged into something they may sense a majority of their colleagues do not want to be part of. It might put the whole situation on a much firmer foundation for both parties to be satisfied that the process they are going through is fair.

The bottom line is that in our party we do not feel bargaining should be discouraged in any way. I say this with as much emphasis on employers who would wish to frustrate the process as on the wish of employees sometimes to protract a dispute.

I look also at similar legislation in place across Canada, as I am sure the minister and his staff have done in drafting this legislation. The acts in several provinces vary in the way they approach this. On reviewing what is going on in other jurisdictions, I came to the conclusion that the legislation proposed to this House is most similar to that in place in British Columbia.

Does the minister believe the legislation in place in British Columbia has been a roaring success? I think he would have to agree it has not. A very small number of cases have been adjudicated in the BC experience. That bill has been in place for some time and does not appear by any means to be meeting the challenge of achieving first bargaining rights and a contract.

The minister and I have exchanged words about this before. I am the first to accept that the Minister of Labour as his primary concern should be listening to working people and bringing forward their aspirations to this House. I do not dispute that. However, the minister should afford very serious and sympathetic attention to the points of view put forward regarding legislation of this sort by employers, especially small employers.

Mr. Martel: We have been doing that for the last 42 years.

Mr. Gillies: I do not sense that is at all the mood or practice of the current Ministry of Labour administration. I do not believe their arguments are being listened to with any degree of sympathy and they should be, because it is a two-way street. If we want harmony in our labour-management relations, then everybody has to feel he is being listened to and his point of view is being afforded attention.

Mr. Martel: Do the Eaton's workers feel that?

Mr. Gillies: Here we go again. The member for Sudbury East (Mr. Martel), who always has more to say during other people's speeches than during his own, again has his mouth open and his ears closed.

The Acting Speaker (Mr. Morin): Order.

Mr. Gillies: Mr. Speaker, I am sure it frustrates you as much as it certainly frustrates all of us who have to endure this from time to time.

Mr. Martel: If the member is frustrated, he should leave. He is an apologist.

Mr. Breaugh: The member for Brantford should go suck a bone.

Mr. Cousens: That is not very nice. You need teeth to do that.

Mr. Gillies: I will not even touch that one.

With respect to the legislation itself, the minister had every opportunity to review the reaction when it was tabled in the House. There is a very strong suspicion among many observers of labour legislation that this bill will not satisfy either party. It will not satisfy labour and it will not by any means satisfy the employers. Frankly, it does not satisfy us either.

What the minister has brought in here is neither fish nor fowl. He knows very well the position—

Mr. Barlow: The member had better talk to the Minister of Natural Resources (Mr. Kerrio) on that one.

Mr. Gillies: I do not want to get into more arguments about animals.

What the minister has brought in is not satisfactory. It is not what the Ontario Federation of Labour wants. I want to go through the bill briefly to look at some of the specific clauses. However, it does not satisfy the aspirations of the OFL and, at the same time, it certainly flies in the face of the arguments that are being put forward on the other side by such groups as the Canadian Manufacturers' Association. I think we should review some of those arguments and try to demonstrate to the minister why his bill does not fit the bill.

First of all, I have had several opportunities to sit down with representatives of the OFL since I became critic for my party, and the OFL feels the bill is weak. They draw the analogy between it and the British Columbia legislation. They do not feel that in its current form it will come close to meeting the need as they see it.

The minister knows very well that the bill, as they would envisage it, would have a completely different section 40a and that the preconditions that are put down in this legislation would not be there.

On the other side of the coin, the minister also knows that representatives of employers would be less antagonistic towards this legislation if, as a prerequisite for going to arbitration, there had to be a finding of bad-faith bargaining.

The minister has listened to both sets of arguments and has come down four square in the muddy middle. Let us look at section 40a.

The Acting Speaker: Not too closely.

Mr. Gillies: Not too closely, because a detailed clause-by-clause examination should be done in committee, but just on the principle of what he is trying to achieve in section 40a.

There are four clauses listed in the bill as preconditions after application by either party for going to arbitration and on the finding of the

board that arbitration is justified. There has to be an examination of four preconditions.

I have to say to the minister I have not had a chance yet to read his proposed amendment in case any of this is changed in substance to what I am saying.

Hon. Mr. Wrye: Those are technical.

Mr. Gillies: Oh, okay.

These are the four preconditions in section 40a:

"(a) the refusal of the employer to recognize the bargaining authority of the trade union;

"(b) the uncompromising nature of any bargaining position adopted by the respondent without reasonable justification;

"(c) the failure of the respondent to make reasonable efforts to conclude a collective agreement; or

"(d) any other reason the board considers relevant."

A lot of labour lawyers and a lot of representatives of both employees and employers are scratching their heads over section 40a. They are saying: "We do not know what that means. How is the labour relations board going to interpret these things? Is it going to interpret them very narrowly or is it going to interpret them very broadly?"

Does any combination of those four preconditions almost come to a *prima facie* need to find bad-faith bargaining or does it not; or does the labour relations board take a very broad interpretation or, I hesitate to use the word, a small-l liberal interpretation of those preconditions? It may; then fine, we will know. It may say, "One of these appears to have been infringed upon, one of the parties appears to have met one of the preconditions, so we will go."

I suggest to the minister that Bill 65 leaves far too much to the discretion of the labour relations board and we would have been well served by a more specific piece of legislation.

We go back to section 40a—this is after either party has asked to go to arbitration. It says, "The board shall consider and make its decision on an application under subsection (1) within 30 days of receiving the application...."

Everybody I spoke to—lawyers, members of the labour relations board and others—said it was completely unrealistic to expect a small employer who has never dealt in matters of collective bargaining before, to retain counsel and adequately prepare a case to go before the labour relations board within 30 days. It is unrealistic, and we in this party consider it to be unreasonable.

4 p.m.

When the time comes for this bill to go to the committee stage, based on the discussions I have had, I will move an amendment that a reasonable number of days is 45 days, not 30 days. We have to be fair. We have to give the parties adequate time to prepare a reasonable argument to take before the board. One can bet one's life that when the board finally deals with it, there will be high-powered people involved, experts in labour law. We want to make sure the parties going before them have access to adequate and proper representation.

Mr. Rae: Absolutely; let us give the lawyers a fair chance.

Mr. Gillies: These are the people who represent the parties, and they need time to prepare their cases.

Looking at subsection 4, the time lines and strictures placed on the Ontario Labour Relations Board are perhaps too short. Representations were made to me by labour lawyers, and more particularly by people who work with the Ontario Labour Relations Board, that with the current backlog of cases and the increasing number of types of cases that go to the board, those time lines are probably also unrealistic.

Having looked at the subsection, there is no way I am going to move an amendment to take the Ontario Labour Relations Board off the hook and implicitly take the minister off the hook. If they are overworked, if the 21 days is not going to work and if the minister is going to have to give a ministerial variance in every case that comes up, I do not want to take the heat off the minister.

If the minister has to put in adequate resources to meet this need, he had better do it. Everybody who works in this area is laughing at his 21 days. They are saying, "The minister is going to have to bring in an order for a variance in every case." The way the Ontario Labour Relations Board is structured and staffed at present, it will seldom, if ever, meet that deadline.

Another specific concern is that subsection 40a(15) of the act, as set out in section 1 of the bill, amplifies some of the problems I see. I will not repeat them. However, there is a specific problem I want to bring to the minister's attention, and I would like to hear from him in reply. We often ask questions when we already know the answer and are trying to embarrass somebody; I really would appreciate the minister's answer on this.

Subsection 40a(18) of the act, as set out in section 1 of the bill, is a clause of nonapplication: "This section does not apply to the construction

industry." I well know, and the minister will agree, that the vast majority of construction workers in what we call the ICI sector, the industrial, commercial and institutional sector, bargain province-wide. The system is well in place; it is institutionalized at this point and those who bargain province-wide probably do not need coverage under Bill 65.

However, I ask the minister to tell me why other sectors of the construction industry—for example, the sector that works primarily for Ontario Hydro and has different designations and different categories and so on—that bargain directly between the local bargaining unit and the employer should not be covered under Bill 65?

I have had representations from people who act for that sector of the construction industry, specifically the law firm of Koskie and Minsky. I met with representatives of the building trades unions a week and a half ago. They feel very strongly that because they do not bargain province-wide, they have every bit as much of a problem in cementing their contract relationship with an employer, especially in an ever-changing type of employment such as construction. They feel strongly that they should be included in the bill. Is there any good reason why we should not amend subsection 18 to include the parts of the construction industry that do not bargain province-wide?

The minister will be aware of some of the concerns put forward by various representatives of employer groups. I am sure he is also aware of some of the concerns expressed by representatives of labour. I would like to quote to him from a letter addressed to me by the Canadian Manufacturers' Association. It expresses some great concerns that I feel should be on the record. The letter reads in part:

"The CMA, Ontario division, believes that the first-contract arbitration legislation now being proposed by the Ontario government will fundamentally erode the economic balance between employers and unions in this province. Moreover, it is our view that the imposition of a contract in these circumstances is an attempt to treat the symptom of a problem rather than the problem itself."

It goes on to say:

"The underlying problem rests with the certification process, whereby certification is automatic if more than 55 per cent of the total number of persons in the bargaining unit have joined the union. The automatic and often minimal nature of the certification process can result in the certification of a union that does not

enjoy the true support of the people in the bargaining unit."

We can question that.

Mr. Warner: Does the member support that?

Mr. Gillies: No; I say we can question it. I am reading some concerns into the record.

"Employers similarly are often left with the impression that the true wishes of the employees have not been represented by the process and the union does not have the support of the employees. Both these factors contribute greatly to difficulties in negotiating a collective agreement. The CMA believes that bargaining rights should only be granted to a union if it obtains majority support of the employees in the proposed unit through a government-supervised secret ballot.

"This is a position which CMA has held publicly for many years and which becomes even more important in the face of proposed first-contract legislation."

While I do not buy that sentiment 100 per cent, there is some validity in what they are saying. They are saying, as we have done so often in the past on matters of major labour legislation, that we can address a problem in such a way as to be of benefit to working people if we simultaneously attempt to redress some of the injustices that are perceived on the other side.

In other words, if we are going to get at the question of first contracts, we also have to get at the question of the certification process. I believe this will lead to a continuation of the balance, a very fair balance, that has existed in labour-management relations in this province. The minister can do it with the support, I believe, of every member of this House.

Mr. Martel: Why does the member not say what he really means? What is he advocating? Is it 65 per cent or 70 per cent support?

Mr. Gillies: That would not be for me to say. Let me tell the member—

The Acting Speaker (Mr. Morin): Order. Come back to your topic.

Mr. Gillies: I should have read on. I will continue to read to my friend the member for Sudbury East. This is also part of the CMA's letter:

"The principle of a government-supervised secret ballot as the prerequisite to certification is an extremely important one. In this regard, the CMA would be agreeable to allowing organized labour to establish the percentage of the bargaining unit which must be signed up to the union to trigger a secret ballot."

There is the answer, and I have no problem supporting it. If there is going to be a secret ballot and if a certain percentage is going to be required to achieve this, I agree with the CMA: Let labour set the percentage. I would like to hear my friend the member for Sudbury East disagree with the principle that labour should set that percentage. It is an excellent idea.

At the appropriate time, I will move amendments to this bill, one of which, in the case of the construction industry, will be of benefit to some working people who are excluded under this legislation.

Mr. Warner: Is the member for or against the bill?

Mr. Gillies: I have already indicated that we will vote against this bill on second reading.

Mr. Warner: He is against the bill. That is a surprise, is it not? They have been fighting the working people for decades.

Mr. Gillies: I say to the member for Scarborough-Ellesmere (Mr. Warner) that if I had been fighting working people for years, I would not be here today as the representative of the city of Brantford. If he thinks—

The Acting Speaker: Order. I ask the member for Brantford to please ignore the interjections and to address his remarks to the topic.

Mr. Gillies: Thank you, Mr. Speaker; I certainly will. I am sure you will agree I was being unduly provoked by some members of the third party.

The bill is inadequate. It fails to meet the agenda of labour and certainly that of management. It is too vague; it leaves too much to the interpretation of the Ontario Labour Relations Board. It addresses a symptom of the problems of labour-management relations as opposed to the root cause of the problems.

We will be voting against this bill on second reading. If the bill passes the House, we will be moving amendments that we hope will result in a better piece of legislation.

4:10 p.m.

Mr. Rae: I appreciate the chance to participate in this debate. I was sitting in this same seat on June 4, 1985, when a speech from the throne was read by His Honour, who at that time was Mr. Aird. I am interested in the offers made at that time, written by the government of which the member for Brantford was a member and which stated:

“Amendments will be introduced to enhance collective bargaining rights. A procedure will be proposed to enable first-agreement arbitration to

be requested when the normal processes of negotiation, conciliation and mediation have failed to produce a collective agreement following the acquisition of bargaining rights.”

That position on June 4 is no longer the position on January 28. The member for Brantford has moved to the right of the June version of the member for Muskoka (Mr. F. S. Miller). I want that to be clearly on the record.

When they were fighting for their lives, trying to remain the government of this province, they were prepared to introduce first-contract legislation. Now that they have been put into opposition, where they so heartily and deservedly belong, they have abandoned that position and gone back to the old nostrums and bromides of the past, saying there should not be first-contract legislation and they will not be supporting it.

Let the record show the two-faced, double-dealing attitude on the part of the Tory party in this province. When they are trying to cling to power by the ends of their fingernails, they will desperately call for anything. On first contracts, we said at the time we did not believe them. We were right not to believe them. That has been demonstrated today by virtue of what has happened. What utter double-dealing. What utter duplicity.

Mr. Runciman: Talk about the pot calling the kettle black.

Mr. Rae: The member for Leeds (Mr. Runciman) has obviously won the day in his caucus. The libertarians have succeeded in capturing the mind of the Tory party. We all know how difficult a task that is, because before one can capture something, one has to be able to identify and find it.

I appreciate the opportunity to participate in the debate. The minister will know this bill was produced after a long process of discussion and negotiation. I am going to talk to him about the problems and limitations on access. In my judgement, the minister has listened too much to those inside and outside his ministry who have never accepted the principle or necessity of first-contract legislation.

I have been in estimates and in discussions. I have had private conversations with senior officials in his ministry, and I have had discussions with representatives of various employers. I have had these discussions over the past four or five years since becoming active in provincial politics. I think I have a pretty keen assessment of where they are coming from when it comes to the principle of first-contract arbitration.

This will take a little time because there is a certain history to this issue and to the resistance to the introduction of legislation; it is not new and goes back some time. This is a field in which I take a special personal interest because of my education and experience, such as it is, in the field of labour law. I cannot claim it to be vast and extended. Nevertheless, I have spent some time thinking and talking about these matters and teaching and practising them at various times.

There are real problems with this legislation, and I hope the minister will be prepared to listen to the objections out there, not simply those in the labour movement but also those that are far more widespread than that, even from within his own ministry and from people who will have some responsibility for administering this legislation. There are real problems with it and I want to touch on them.

Before touching on them, without being too boring and pedantic, I hope to spend a few minutes looking at the history of this issue and at the adequacy of the solution that has been proposed by the Minister of Labour (Mr. Wrye).

All this discussion goes back to the events that led to the passage of the Wagner Act in the United States in 1935, the position that was taken in Canada during wartime and the subsequent legislation in peacetime in Ontario when labour relations reverted to the provincial jurisdiction.

The essential purpose of the Wagner Act and all the various pieces of legislation that are parallel in the provincial jurisdictions in Canada and in the federal jurisdiction affecting federal employees—and it is a framework that has stood for 50 years—was to get away from the violence, the antagonism, the uncontrolled hostility between employers and employees over the question of recognition of a union.

Collective bargaining took place in Canada prior to the Wagner Act. Collective bargaining relationships were established in a great many places in the work force. Nevertheless, collective bargaining did not extend as far as it needed to, or as far as it still has to, for the simple reason that employers refused to bargain and recognize the trade union movement voluntarily. The only way to get an employer to recognize a trade union was to go out on strike.

During the past 100 years in the United States and Canada, there has been no more bloody antagonism and cause of civil violence—and I mean bloody; lives were lost, heads were bashed, people were killed—than the refusal of employers to recognize trade unions. The only way trade

unions could get recognized and force recognition was to go out on strike.

The Wagner Act was the famous legislation passed by the Roosevelt Congress after the formation of his government in 1932. It made possible the extension of trade unions to a whole new range of industries that had grown up since the industrial revolution in the United States and since the First World War.

All those were new industries where crafts were no longer adequate jurisdictions in which to negotiate. Industries such as the car industry, the packing house industry and the steel industry were suddenly able to get collective bargaining because the Wagner Act set up a framework for collective bargaining.

The Wagner Act said basically that once a union has been certified, bargaining must take place. Once bargaining takes place, the expectation was that an agreement would flow from that.

That legislation became law in Canada in 1943 by virtue of Privy Council order 1003. After the Second World War, that legislation became part of our provincial way of life in various provincial labour acts that have been passed since then.

4:20 p.m.

Collective bargaining is specifically called for by the Labour Relations Act. It is supposed to be encouraged by the public policies of Ontario. We all know unions remain, politically in many respects and in terms of public opinion, vastly misunderstood in the work they do. Union bashing is something even the Premier (Mr. Peterson), until relatively recently, was wont to engage in quite frequently. Attacks on trade union leaders are constant and never-ending. I have even heard such an authority as Dr. Earl Myers insist the Ontario Medical Association is a very democratic organization, as opposed to the trade union movement which is undemocratic.

The framework of the Wagner Act and of our labour relations law naturally included this notion of something called an unfair labour practice and attempted not only to encourage the parties to bargain but also to give the labour boards, which have the jurisdiction over the conduct of bargaining, power to try to help assist parties when bargaining has not been taking place in what has been called "good faith."

I do not want to go into a long history of the notion of good faith and bad faith bargaining, but it is fair to say the idea of an unfair labour practice and of giving some remedial power to labour boards, in particular the one in Ontario, is one that has a real history in this province and, at the

same time, with respect to giving the labour board remedial powers, is relatively recent.

There is a very real philosophical tension, if you like, a value tension and a very practical tension between those who argue strongly that once bargaining commences there is little point in talking about good or bad faith. Bargaining is essentially a power relationship. It is a market relationship and it is the market force which is going to determine the nature of the bargain which is eventually arrived at.

The literature is full of comments made by various experts in the field and commentators at different times saying bargaining is not something which should or can be conducted according to the Marquis of Queensberry rules. They say collective bargaining is of necessity a power relationship and there is no way for a board to assess it. There are those who say a board has no business interfering in the conduct of the parties and all it can do is simply supervise that relationship and make sure unions are recognized and allowed to bargain.

That same school of thought has been expressed very clearly by the Canadian Manufacturers' Association in its brief to the government dated November 11, 1985, and by the member for Brantford, who is as adequate a spokesman for the CMA as the Tory party will be able to produce in this debate. They have expressed the point of view that something called free collective bargaining is a be-all and end-all. Any attempt to intervene in the process of the power relationship between employers and employees, management and union, is inappropriate.

At different times, that view has been widely held. At one time I think it was probably almost as widely held in some trade unions as it was in many management circles. It has been widely held by a great many commentators on the labour scene who have historically been very resistant to the notion of the labour board, government or public policy, attempting to inject any notions of fairness or ideas outside the bargaining process into the collective bargaining process itself. There are those who argue, as the CMA has, that this legislation, in and of itself, amounts to an attack on the idea of free collective bargaining.

I want to suggest some perhaps revolutionary thoughts today. I do not think they are too revolutionary, but they are worth considering. The first point I want to make is that when North America passed and accepted the notion of the Wagner Act, we already accepted the notion that the marketplace in and of itself was not always an arena that produced a just response. The idea of

advancing the cause of collective rights and of recognizing the collective rights of employees, in and of itself, was already a statement that we were not going to allow the free market to determine in every single instance the economic circumstances of people in the work place.

I happen to believe it is important in many instances to make markets work and to let them work effectively, but I also happen to believe very strongly that when it comes to the labour market and when it comes to people in the work place, we have to consider questions of economic justice.

There will always be some tension between the principle of simply letting the market prevail on the one hand and judging that process by the standard of fairness and by the standard of justice on the other. Somewhere between a completely planned labour market, in which some determinations of a normative nature are made by one individual or by a panel of people who say, "This is how much you and you will make," and a completely free market situation is, I suggest, where we have to strike the balance. We will always be making that judgement at different times in different ways.

The first point I want to make is that I do not think the minister should be moved very much by those in his own ministry, outside his ministry, in the Canadian Manufacturers' Association or in other places, who would suggest to him that there is something called free collective bargaining and that under no circumstances whatsoever should it be tampered with, because there are some very unjust results that we do have to deal with. I suggest to the minister that the whole evolution of our public policy with respect to labour markets and collective bargaining is that in the balance we strike between economic justice and the workings of a totally free and untrammelled market we should move as we progress in our society—and I believe this very strongly—towards economic justice.

We can do this without completely dismantling or even wanting to dismantle the tremendous benefits we have arrived at as a result of the free collective bargaining system that we have in the province, or the collective bargaining system—the word "free" is such a value-laden idea; what is free one day is not free the next day—nevertheless, the system we have of collective bargaining.

I notice with some sense of humour that Tory and Liberal governments have over the years frequently interfered in collective bargaining, but hardly ever have they interfered in collective

bargaining on behalf of employees. There was no resistance to interfering in collective bargaining when it came to the Anti-Inflation Act of 1975-76. Pierre Trudeau said in 1974: "Do not listen to Stanfield. You are going to be zapped the next year." All collective bargaining was shut down, not just in Ontario but in all of Canada, for a space of three years. The whole machinery was basically chopped off.

We had the same thing in the public sector here in Ontario with the bills the Tories passed, which were supported by the Liberal Party when it was in opposition. It was the same process of just shutting it down.

I suggest to the minister and to the Tory party that I find there is such a complete double standard on the part of those who are opposed to this kind of legislation in principle, because the Tory party and many Liberals have consistently been in favour of getting rid of collective bargaining whenever it was convenient to do so, but they would never do it on behalf of employees, always on behalf of the employer in every instance. They cannot name one case when it has not been done on behalf of the employer.

4:30 p.m.

I listen to those who say, "No interference with free collective bargaining." I listen with a certain sense of irony and with a bag of salt right next to me, because one has to take those arguments with more than a couple of grains.

I put the case in as clear a way as I could during the dispute at the T. Eaton Co. Ltd. in this province. However, the Eaton's dispute was not the only one. My colleagues who have been here for many years know these disputes better than I do.

There were the strikes at the Fleck Manufacturing Co., Irwin Toy Ltd., Eaton's, Canadian Imperial Bank of Commerce, Graham Cable TV-FM and Radio Shack. I will be coming to these cases.

What I find intriguing is that the member for Brantford said, "I think about the small employer who is worried about reaching a first agreement." Let me go through the names again: Fleck—not a small company—Eaton's, the Canadian Imperial Bank of Commerce, and Radio Shack. These are not small employers.

This is what I want to focus on for the next few moments. What is the problem? The member for Brantford said: "The problem is the fact that there is not a secret ballot. It is not fair if 55 per cent of the people sign their union cards, send them in, pay their money and indicate they want to join a union." That is not enough for the Tories. That is

not adequate for the Tories. That does not indicate how the workers really feel.

I want to tell the House what my definition of the problem is and I want to be very blunt about it. The problem is, alas and tragically, no different than the problem was when the Americans passed the Wagner Act in 1935 and when we introduced legislation in Canada in the 1940s. The problem is that the employers in this instance do not genuinely accept the idea that their employees want to join a union. They do not believe in the principle that their workers have a right to bargain collectively. They do not believe it.

This view has been given enormous credence in the United States by virtue of right-to-work legislation, the intellectual revolution to the right that we have seen with the emergence of Ronald Reagan as President and the domination of the American intellectual economic scene by Dr. Friedman and other economists of that ilk.

We can open up any management magazine or any business magazine we want and if we were senior management personnel, we could go to dozens of seminars on how to keep the union out, how to have union-free relations, how to have a nonunion environment, a union-clean environment or a union-free environment. They use all these phrases.

It is part and parcel of the objective of that kind of management philosophy that there will not be a union. They do not want a union and they do not accept a union. This is what we are up against. This is what we were up against in the 1930s, it is what we were up against in the 1940s and we took the steps that were necessary to deal with it.

I would suggest that if the minister put himself back in time and listened to those same people, they would have been saying: "We do not want all this cumbersome labour board stuff. We do not want all these cumbersome things; just let those people who can get a collective agreement get one. That reflects the reality of their bargaining situation. If they cannot get it and they cannot force a recognition strike, then they do not deserve a collective agreement." The same people back in time would have been saying exactly the same thing.

Only now, the ground has shifted. Instead of arguing about the fundamental question of recognition, as we were in those days, today we are arguing about the question of recognition as it affects those who are bargaining now for the first time, such as those service industries. I would suggest that similarly, after the major manufacturing revolution, we went through this process

of incredible resistance to the notion of trade unionism.

In the history of Sudbury and of every town in northern Ontario, there were incredible conflicts because people were frozen out for months on end while trying to force a company to recognize them. Miners were blacklisted right across northern Ontario. They could not get a job anywhere because they had been courageous enough to insist on their right to join a union. They were beaten up and physically hurt, and their families were destroyed, wiped out. The courage of those people was astonishing and was completely misunderstood and misrepresented by those who said that somehow there was something evil in joining or being represented by a union, or in the meaning of a union.

The minister knows about this from his own community. He has only to talk to someone such as Paul Martin to learn at first hand what it was like to deal with the extent of anti-union animus that existed in the community and in the hearts of employers, and to learn the kind of sacrifice that went on in the 1930s and 1940s at every single plant in trying to get recognition.

I am proud to be able to say that in Canada there has been far more of a thrust of trade unionism than in the United States. Our labour situation is totally different. More than 35 per cent of the labour force in Ontario is in trade unions today. They do not have that situation in the US, where it is between 15 and 20 per cent.

The same drive or spirit is affecting new industries that have not been unionized before, such as banks, the insurance industry, service industries and the retail trade. They have been very difficult to organize, but finally people are trying to organize them.

The banking industry is a notorious example. For a long time, the position of the Canada Labour Relations Board was that the bargaining unit had to be the whole bank. If one wanted to organize the Canadian Imperial Bank of Commerce, the bargaining unit was the entire bank across Canada. One can imagine how absurd that was from the point of view of trying to reach an agreement. They then said, "We will make it every branch." It has been enormously difficult. Nevertheless, piece by piece and bit by bit, it has taken place. However, in the background there has always been the fundamental hostility of the employer to the idea of collective bargaining.

In my judgement, the legislation will give a field day to lawyers. I was interested to hear the member for Brantford say that we need to give the lawyers more time to argue and prepare their

cases. Let me give an example, and I speak with some experience as I am a member of a labour law firm. One of my colleagues successfully argued the case for the bank employees that was awarded yesterday. I discussed it with him and talked about the process; 17 days of hearings, after the workers had been out on strike for seven months.

The headlines all say, "Day for Economic Justice" and "Victory." What kind of a victory is it? Could it not have been done a lot more easily? What are we going to have in this instance with this legislation? It will be different. People can apply to the board. I am not saying it is the same as with the Canada Labour Relations Board; I am not making that point.

I warned the minister, the Premier and the deputy minister about it before they brought in the legislation. I did my best to state the case as I saw it, that the more restrictive one makes access to the labour board, the more it is going to become a long-drawn-out legal process that will benefit not the parties but their advocates. I do not think that is in the interests of collective bargaining and a good relationship between the parties, nor do I think it is in the interests of economic justice.

4:40 p.m.

The minister has argued that the access contained in the bill is significantly different from the notion of bad-faith bargaining. If he genuinely believes that, he has been misled by those who have told him so.

I must congratulate the drafters of the bill for at least being clever. In the legislation setting conditions under which the board will exercise its discretion, the minister will not find the phrase "bad-faith bargaining." What will he find? He will find the definitions of bad-faith bargaining determined by the jurisprudence, not only in Ontario but in British Columbia and in the Canada Labour Relations Board.

What the minister has established is a bad-faith test by another name. All he has done is strung out the list of reasons labour boards have given over the years to determine the notion of bad-faith bargaining and put them in the legislation. The same problems we have had defining bad faith during extensive and, frankly, pointless and fruitless disputes and debates in front of the labour board, the same problems over what activity constitutes bad faith and what does not, have all been institutionalized in the bill. That is the problem I have with it.

In principle, we support the legislation obviously, because it does provide for the arbitration

of disputes in first contracts. However, the access question and problem for us is crucial. I know the pressures the minister is under when Vern Denholme says publicly this is an anti-business government. I know the kinds of pressures being brought to bear on equal pay, the environment and every other issue. The ears of the Premier are wide open to those who say, "No, we do not want that kind of intervention."

Let me refer to one dispute, the Eaton's dispute. Let me remind the minister what the labour board found in the Eaton's dispute. After being out on strike for months in Ontario, the union finally got the labour board to organize hearings on bad-faith bargaining. This is what the board said:

"Section 15 of the act provides a legal standard against which the board is to measure the bargaining conduct of parties. It does not set out a moral standard. Moreover, the act does not give the board a general authority to decide the contents of collective agreements. That is a matter left to the parties. On the evidence, we are satisfied that the company is prepared to enter into collective agreements with the union, although those collective agreements would preserve to management many of the rights it now possesses and would not give to unionized employees any greater benefits or wages than those currently enjoyed by unorganized employees.

"For its part, the union is not prepared to agree to the terms proposed by the company, but instead, seeks to obtain better conditions of employment for the employees it represents. If a settlement is to be reached, it will be because one or both of the parties reappraised their positions in light of the importance they give to their objectives and the economic costs they are able to inflict on one another."

That is the classic expression by the labour board of the view which it has expressed in many cases, that is, hard bargaining is not to be discouraged and legislation is not designed to deal with the problem of hard bargaining.

On November 26, 1985, in introducing this legislation, the minister said: "In the absence of any misconduct, both the employer and the trade union may have adopted uncompromising positions at the bargaining table. A tough bargaining posture may be taken to protect legitimate corporate or union interests, and where both parties have made reasonable efforts to reach an agreement, there is no cause for intervention."

That is the logic of the Eaton's decision. That is the same reasoning that was given by the

Ontario Labour Relations Board in the Eaton's case. What I want to say to the minister is quite simple. A charitable explanation would be that the minister has been hoodwinked. I think another explanation would be that the minister is, frankly, being less than vigilant on behalf of employees who have been frozen out by virtue of the conduct of employers.

It may be of interest to many lawyers on both sides to spend days, indeed weeks, in front of the labour board, arguing as to whether conduct constitutes hard bargaining or surface bargaining, whether they can find the existence of what is called anti-union animus, whether failure to reach an agreement is really unreasonable or whether it is simply the tough expression of what the minister has described as a legitimate corporate interest.

All I am saying to the minister is that this will be a field day for those management lawyers and those companies that have never accepted the validity, necessity and public policy worth of the idea of collective bargaining. It will always be possible for them to so couch their behaviour and frame it in such a way that it can be justified as simply an example of hard bargaining.

This becomes even more the case where one has a unit of part-time workers. Let us take another instance where many of them are women. Let us look at the Simpsons situation and the Eaton's situation, all of the areas where people are now for the first time coming into the world of collective bargaining.

If the minister says and if the labour board says, "We are not here to dispense economic justice; we are here simply to measure the relative bargaining strengths of both parties," then I say many unions are going to get broken. Many people are going to be left out in the cold for a long time, and we will not have made the advances we could make.

I do not know, but I have heard by hearsay that there are those who are attracted to this legislation, who say, "Eaton's would not have happened and Radio Shack would not have happened." All I will say to the minister is that he is going to have to persuade me. He is really going to have to show how that is the case, because I do not think the evidence at the moment is persuasive.

I would refer the minister to a couple of texts, because I know he is interested in these matters. We will have a look at what George Adams has written in his recent text, *Canadian Labour Law*, pages 610, 611 and 612, where he talks about first-contract legislation. I am going to quote

from him and then I would like to quote from the book written by my colleagues, Jeffrey Sack and Michael Mitchell, Ontario Labour Relations Board Law and Practice. I think everyone would recognize Sack and Mitchell, following as it does the text of Sack and Levinson, as the definitive text on the work of the labour board in Ontario.

4:50 p.m.

It has a very lengthy section dealing with surface bargaining, avoiding a collective agreement, the whole area of unfair labour practices and the definition of bad-faith bargaining. What they say is precisely parallel to what the minister said in the House. In differentiating between hard bargaining and what constitutes surface bargaining:

"The board has regard to the totality of the bargaining relationship, the conduct of the party, and while it will not sit in judgement on the reasonableness of the party's proposals, it does take their substance into account.

"Since patently unreasonable proposals which have no business justification may be an indication of bad faith...." It goes on to state the various grounds on which the board will and will not find bad faith.

My argument with the minister is that I have yet to understand, apart from the lobbying efforts of employers and of some others, the resistance to making access one of right. I referred to the Eaton's case, and perhaps it would be appropriate to compare the experience of Eaton's workers in Ontario and Manitoba. I know the Manitoba legislation is being challenged by Eaton's and being taken to the courts on the grounds that it is an interference with their rights under the charter, but it is worth comparing it.

In Manitoba, on May 22, 1985—and the minister knows that Manitoba provides first-contract arbitration as a right—the union made application for arbitration of a first agreement. On May 23, the board requested documentation. From June 25 to June 27, hearings were held. On July 23, a decision was handed down and a first collective agreement was effective as of that date.

In Ontario, we had a strike that lasted from November 30 to early May. During that time, we had the hearings of the Ontario Labour Relations Board on bad faith, which went absolutely nowhere.

The minister is creating problems for himself in not putting forward legislation which is far simpler. The reason I feel this very strongly is that he is simply giving a potential, legal harbour

to those employers and to their counsel who do not believe in collective bargaining.

My judgement has always been that to make the situation very clear, one is much better off giving the union access to arbitration as a right. It is clearer and simpler and it will mean that people will not be out in the cold for months on end. It means, in particular, that people with very little bargaining power will not be left without any leverage at all.

I remind the minister of the reality that the people whom this legislation is intended to help are people who have very little bargaining power, whose wages are low, who may be working part-time and whose economic leverage is small.

I mentioned the Graham Cable strike. I live in a part of Toronto that is covered by Graham Cable. It is extremely difficult for those workers to exercise their leverage in any way that will have an adverse effect on their employer.

They are not permitted by law to shut down the employer or stop the employer from having trucks of workers who are scabs going across the picket line. They are basically in a position where the only argument they can make to the government is that the employer is bargaining in bad faith, that a collective agreement is in the best interests of public policy and that the minister needs to refer that matter to the Canada Labour Relations Board. They are in an enormously weak position.

The reason we are encouraging collective bargaining is not simply that we want to make markets work, but rather that we want to inject a degree of economic justice into the marketplace. It is not because we want the result to be what the market would have created and produced anyway, but because the use of collective bargaining and first-contract legislation is designed specifically to deal with those people who otherwise would not have a contract. It is designed to help them.

There are those who will say—and these people have ultimately persuaded the minister in this first draft—that the vast majority of collective bargaining disputes in the province, whether they are about first, second, or third contracts, are settled amicably between the parties; that if one creates first contracts as a right one will have a flurry, an epidemic of applications; that there will be the complete eradication of the role of the marketplace in determining wages and benefits in certain institutions; and that we will end up giving artificial strength to those who are not strong in the labour market on its own terms.

I do not agree with that point of view for the simple reason that the kind of decisions handed down by those who are determining first contracts surely have to be decisions which resemble the conditions which would apply in similar industries. The same kinds of criteria would be used as have been used by various government boards of arbitration in these matters. Our arbitration system is sophisticated enough to produce a result which would not be a windfall to employees.

The problem I have with that argument is not only that I think it untrue, because in my experience whether it is true or not depends entirely on the kinds of arbitration decisions that come down, but also the argument fails for another reason because it seems to be saying there are workers who do not deserve a union. There are workers who are so marginal and whose economic power is so small they do not deserve a collective agreement. The argument seems to be that unless they are able to inflict a degree of suffering on the employer, they do not merit a collective agreement.

There are trade unionists who feel that way. I am not one of them. I suggest to the minister that in looking at the amendments to this legislation which will be introduced by our party, he has to decide whether the government is sincere in wanting to extend collective bargaining rights and whether it genuinely wants more people to be covered by collective agreements. If it is genuine in that desire and if it is a basic question of public policy that the government has to decide right off the bat, then I do not see the argument for putting in the restrictions.

5 p.m.

I want to conclude my remarks. I have gone on for some time and I appreciate the indulgence of the House. I have argued and I feel very strongly as an individual and as the leader of my party, that union bashing is probably one of the most facile things to do, but it is not a new phenomenon. It goes back a long way. Nobody has to tell the labour movement that one only gets the things one gets by virtue of sacrifice. The real history of social improvement and the quality of life in this province has an awful lot to do with the sacrifices working people have been willing to make because they believed there was some strength in solidarity. They believed they owed their fellow workers something. Solidarity was not just a word in a song; it meant something in their lives, in the way they treated one another and in trying to arrive at some collective benefits and justice.

I do not think that cause is unfashionable. I think that cause is very fashionable and very necessary. The people who need to be the recipients of that spirit are very different from the people who were the recipients of it in the 1920s and 1930s. However, they need economic justice just as strongly as their cousins, uncles, brothers and grandfathers needed it in the 1920s and 1930s.

If we are going to do something, I believe it is worth doing right and worth doing well. If we are going to do it, let us do it properly. Let us ensure the following: Once a union has been certified, it should have a choice in terms of the first agreement; that choice is basically to bargain or to go to arbitration. If they decide in their merit that arbitration is the route to go after the experience of the certification process, then that should be theirs as a matter of right.

It is not in the interest of public policy that people should be out on a picket line for six or eight months, walking up and down and getting strike pay instead of working for an employer, having a job and having a decent collective agreement. I was outside last night at the corner of Scarlett Road and St. Clair Avenue; it was minus 20 degrees. There were workers who had been there for six months because they cannot get a collective agreement with their employer. There is something wrong with that in 1986. People say: "We have advanced. We do not need trade unions any more." The lie is put to that statement every day of the week.

There are amendments we will be moving and changes we will be insisting upon. We will be asking, cajoling, persuading and attempting to get the government to move on them. I do not expect to get the whole lot from the Liberal Party of Ontario, but I do expect the government to be open to persuasion.

For example, I expect the minister to look very hard at the access section and to listen to the arguments I know are going to be made to him about the practicality of those suggestions, their real history and what the language really means.

Given the backlog at the Ontario Labour Relations Board, the open-ended time frame that is provided, whereby the minister can extend any time limits set out in the section, is just an invitation to another series of delays and protraction that nobody needs.

We will be making suggestions. We know the bill is going out to hearings. We will be supporting the bill on second reading with the kinds of reservations and concerns I have expressed today.

Hon. Mr. Wrye: Mr. Speaker, on a point of order: My colleague the Minister of the Environment (Mr. Bradley) is having a press conference at this hour on a matter that affects me not as the Minister of Labour but as the member for Windsor-Sandwich.

I have already spoken about this to my friend the member for Scarborough-Ellesmere, who will be speaking next. My parliamentary assistant will be here as the debate continues on the bill. I give the member my commitment to have a look at his remarks, and I look forward to reading them. I will return as soon as I can, but I would like to be at that press conference.

Mr. Warner: I very much appreciate the courtesy extended by the Minister of Labour. He did indicate in advance that he had another engagement, otherwise he would be here listening to the debate. From what I have seen, he takes an active interest in his legislation that is before the House and appears to listen to the comments made by members of the opposition. I, for one, appreciate that kind of approach.

I hope that approach will be extended beyond the second reading debate so that when the bill goes to committee, all the suggestions put forward, not just by members of the opposition but also by members of the public, will be taken very seriously by the government. It is apparent there are some difficulties with the bill, and we hope we will have an opportunity in committee to remedy those difficulties.

I do not need to go into a great deal of the history, which the member for York South (Mr. Rae) so aptly described, going back to the 1930s, but in the next little while I wish to touch on a number of other elements of more current history.

I want to say at the outset that because the principle of the bill as stated is for the settlement of first collective agreements by arbitration where collective bargaining has been frustrated, naturally we support that principle. It is in that spirit that I make the following comments.

First, I want to mention that the whole problem of first-contract settlements has been one of historic difficulty in this province. It is a tribute to the Ontario Federation of Labour, as well as to individual unions and particular individuals, that this legislation has been brought to the floor of the House today. Many of the unions and the OFL have serious concerns about the substance of the bill, but the principle that we are going to have an approach to first-contract problems is one the unions are very pleased to see.

There is another major reason why this bill is before us, and that is the fact that it is part of the reform agenda to which our two parties agreed. That agenda set out a number of very serious concerns; generally, they were areas in which the previous government had refused to move over many years. It was felt that this was a historic opportunity for two opposing parties to come to a meeting of minds on particular issues. This happens to be one of them, and it is an extremely important issue.

Some members may not realize how widespread the issue is and how many people's lives it touches. In very large measure it is a women's issue, since for the most part the first-contract problems in 1984, 1985 and 1986, specifically at Eaton's, Radio Shack, Fleck and others, primarily affected women.

I want to talk a little about Eaton's, because it is close to home for me; there is an Eaton's store in my riding. Like many other members, when the Eaton's strike was on, I tried to find time in my busy schedule to participate in whatever helpful way I could for the people who were out on strike at the Eaton's store.

I stopped by the picket line and joined the picketers for a while. I tried to do my best to cheer them up and to indicate we were fighting the Tories as best we could in trying to help solve the problem. They understood very clearly what the problem was: There was no legislation in place that would help them in first-contract disputes.

5:10 p.m.

Some very interesting dynamics occurred on the picket line. It was almost entirely women who were out on strike, all of them for the first time in their lives. Some were women who had worked for 30 or 35 years and did not realize the enormous power the employer had at his disposal and did not realize, until the crunch came, who their friends were and who their enemies were.

Most of those women were ordinary people leading ordinary lives. They were typical Canadian, law-abiding, decent, kind individuals, who for the most part enjoyed working and felt that by working they were making a contribution not only to the company but also to their families as well as somehow making a contribution to society through the taxes they paid because they were working.

They felt it was only fair and proper that they should have a voice in the things that affected them at work. Naturally, one tries to think what those things are. What kinds of things would an

ordinary working person, as a clerk in Eaton's, be concerned about?

Wages, obviously: "Am I being paid fairly for what I am doing in accordance with other people? Do I get some kind of financial reward for my experience over time?"

Benefits: "Will I have the opportunity of a pension? Will I be able to pay into a pension plan and receive a pension at some point? Will my Ontario hospital insurance plan premiums be paid? Are prescriptive drugs covered?"

Sick leave: "What happens when I am sick? Do I get covered, or do I simply lose my salary?" The latter is often the case. We members, of course, have sick leave. We get paid whether or not we work; some do not work, but we always get paid. Many workers, if they are sick and cannot come into work, do not get paid; there is no sick benefit. Therefore, many workers come to work when they should be at home.

Seniority: "Because I have been employed by Eaton's for 20 or 25 years, do I have any seniority rights when it comes to layoffs? When it comes to consideration for a promotion, will seniority be considered in any way?"

"What happens if I am unhappy with decisions made by the immediate management? Is there some way I can voice my dissatisfaction without automatically being fired?" A grievance procedure, in other words.

"What precisely are my terms and conditions of employment? Do I have the right to have a job description? What am I going to be asked to do? If I am hired as a clerk at Eaton's, will I suddenly find myself in the shipping room three weeks later or doing a variety of jobs that were not told to me at the time I was hired?"

"Do I have the right to know when I will be working and for how long? What about my hours of work? Can I be called in at any time? Do I have to put in compulsory overtime? Do I simply have to work whenever my employer, the T. Eaton Co., decides I should work?"

Vacations: "Am I entitled to a vacation, and of what duration? After so many years of service, do I get additional vacation time?"

These are all fairly obvious and standard questions for any person who is employed. The problem, as many of the women found out, was that in each of those, they did not have a voice. All those questions are contentious, but in the question of seniority, what it boiled down to was that Eaton's wanted the opportunity to dismiss people on the basis of personality: "I like you; you stay. I don't like you; you go."

It did not matter that the second person, the one the manager did not like, happened to have been around for 25 years, while the manager had been with the company for about five years. That did not mean anything to the T. Eaton Co. It wanted to retain the right to simply hire and fire as it saw fit, without any regard to the individual's servitude, his record of employment or how he had performed his duties over a long period. The company had no interest whatsoever.

Seniority was a very contentious issue; another was grievances. It was rather plain at Eaton's: "If you're going to complain, there's the door." It did not matter whether the complaint was legitimate; the fact that a person complained was noted on the individual's record and the person was gone.

I recall one Saturday when we had an excellent turnout at the picket line. A variety of community groups had joined in at the Scarborough Town Centre. In the midst of our picketing, a young fellow from Eaton's personnel department came down with a video camera. His job was to videotape all the picketers so the Eaton's employees who were picketing could be identified and dealt with later in some way. There is no limit to the imagination of employers as to how they can get back at people who are attempting to stand up for their rights.

What is fascinating about the Eaton's dispute is that the company made a fundamental error. The company figured that because it was almost exclusively a group of women, it could somehow push them around and that if it pushed them around a bit and forced them to strike in the bitter-cold weather—it was the kind of weather we are having today—the women would give up, go away and quit.

The company got a surprise. As I said, these were women who had never participated in a strike, who had never been part of a collective agreement, who had never had the advantage of a union and who in some cases had worked for 30 or 35 years; there were older women as well as younger women. These women were absolutely adamant that they were not going to be pushed around.

There was no way the T. Eaton Co. was going to push them around. They saw very clearly what was happening. To use the language of the bill, they were frustrated; they were frustrated beyond belief at the treatment they were receiving.

There is another little anecdote I can tell. I remember it quite vividly; I will not forget it. A very pleasant woman—she was aged about 40, I

suppose, although she looked much younger—mentioned to me that she had never been on a picket line before. She was a long-standing Conservative; she had voted Tory her whole life, and her family before her.

Mr. Sheppard: She probably still does, does she not?

5:20 p.m.

Mr. Warner: No. As a matter of fact, as of today she has a membership card in the New Democratic Party in Scarborough-Ellesmere. Now that I have captured the interest of the members to my right, perhaps they would like to know why.

At the height of the strike, she wrote a letter to her party, the Conservative Party, wanting to know whether first-contract legislation would be introduced to assist them. Because the situation was so apparently unfair and because in her view the Conservative Party had a sense of fairness, she felt it would respond. We know the rest is history. The response was devastating and she was devastated. The people she had trusted, for these 40 years, had abandoned her and she suddenly realized who her friends and her enemies were. She said, "The Tories are the Eaton Co. and the Eaton Co. are the Tories and the twain shall meet."

It is a fascinating little story, and she was not alone. Other people on the picket line expressed similar feelings. I will not forget that, because that lady went through an experience at first hand.

In addition to the freezing weather, we had extremely bad treatment by Eaton's. It is not a lot of fun trying to live on \$50 a week. That was the strike pay. It was getting close to Christmas. There were single-parent mums on that line.

Mr. Wiseman: Is that all the unions pay?

Mr. Warner: That is strike pay, generally.

Mr. Wiseman: Is that all the money they got?

Mr. Warner: In some cases one does not even get \$50 a week.

Mr. Martel: They do not get all the donations that farmers get from the government.

Mr. Wiseman: All they give is \$50 a week, and they get all those union dues.

Mr. Martel: They do not get a cent, as the farmers do.

Mr. Wiseman: But \$50 a month. The member ought to be ashamed to announce it.

Mr. Warner: It is \$50 a week.

Mr. Speaker: The member for Scarborough-Ellesmere has the floor.

Mr. Warner: I was listening to the intriguing interjections by the member for Lanark (Mr. Wiseman). It is unfortunate that we do not have time now for an instructional session on the problems of working people, because the member might really benefit from such an instructive session. However, I will not be deterred from my main goal, which is to discuss this bill, right? The Speaker appreciates that. He is doing a fine job.

I know it is difficult for the Tories to understand the plight of working people, so it is no surprise that they oppose this bill. Over the years, the Tories have traditionally attacked working people, they have attacked unions and they will continue to do so. I guess that is the lot of Tories in this world. It gives us some comfort that certain things never change.

As we go through this we know that I support this bill, the New Democratic Party supports the principle of the bill and the Liberal Party supports the principle of the bill because they introduced it, but the Tories oppose the principle of the bill. That is generally the way the world unfolds.

I want to mention some of the pressures that are brought to bear and why we require this bill. If we look at the status quo without this bill, without any legislation to assist in first-contract settlements, the disruptions that occur in individual lives are enormous.

Interjections.

Mr. Speaker: Do you have no control over your colleague the member for Sudbury East (Mr. Martel)?

Mr. Warner: I do not know who is worse, the member for Lanark or the member for Sudbury East. It is a toss-up.

Mr. Speaker: am I permitted to take off my jacket? Is that allowed in here? It is too warm.

Mr. Speaker: We do not want you to get too worked up.

Mr. Warner: Yes. He has me all worked up here. I have to get this jacket off. Now the shirtsleeves.

Most of us, or at least those of us who have been on picket lines over the years, realize that a number of other severe pressures come to bear and I hope that if we have some decent first-contract legislation in place, those pressures will disappear.

Number one is the use of strikebreakers. The use of strikebreakers in this province was always condoned by the former government and it continues to be allowed in Ontario. When one has strikebreakers, one increases the opportunity for violence. Companies are able to hire goons,

and often do in order to ensure access to the plants, both entrances and exits.

Can the member for Sudbury East tell me if Securicor was the name of the infamous outfit?

Mr. Martel: Yes.

Mr. Warner: Yes, Securicor, an infamous outfit, active in the Radio Shack situation. They are the folks who were hired by the infamous Tandy Corp. to infiltrate. An agent was hired, and I understand he was given \$1 million. That, at least, was the press account of it and the testimony before the board. He was told by Tandy to spend whatever he wanted. The idea was to break the union. One does that by causing as much disruption as possible on the picket line.

So the agent, hired through Securicor, is hired into the plant as part of the picketers. His job is to stir up controversy and, he hopes, some violence on the picket line. By so doing he would give the striking workers a bad name. We hope this legislation will bring a halt to that kind of practice, where it will be redundant; it will not be required.

The use of police has always been a questionable practice. The police generally have been viewed as agents of the management and have, in many instances, assisted management. Many of us remember the Fleck strike. Does the member for Sudbury East remember how many women were out on the picket line to face a couple of hundred riot-gearied police?

Mr. Martel: I think it was somewhere around 80.

Mr. Warner: I would like to get the numbers straight. I was there, and there was somewhere in the neighbourhood 70 or 80 women and 200 police in full riot gear. My God, if that is not ridiculous, I do not know what is. That was intimidation, and intimidation by use of the police has been a management prerogative. It has to end. Maybe this bill, if it is passed, will end that.

I do not know how accurate my observations are—I hope they are—but I want to contrast two situations. Quite frankly, my observations from those two situations, both in Metropolitan Toronto, were that there has been an incredible improvement on the part of the Metropolitan Toronto Police Force as to how the police conduct themselves at strike locations.

One was the Becker's strike, which happened out in Scarborough in 1976 or 1977. I was absolutely astounded when I arrived on the scene to find fewer than 20 women on strike. They were in the middle between, on the one side, transport trucks with goons inside carrying

baseball bats, and, on the other side, no fewer than 10 mounted policemen. There were six squad cars and about 20 motorcycles. There were horses on the one side, transport trucks on the other side and this group of 20 women in between, who were absolutely frightened out of their wits. There could not have been a gap of more than 15 metres between these two opposing groups with the women in the middle.

5:30 p.m.

It was astounding. I could not believe that would be allowed to happen. It came up in the House that day. It was raised in question period to the then Solicitor General and, sure enough, the horses were withdrawn. That was in 1976 or 1977.

In the Eaton's strike of this past year, I encountered a plainclothes police officer—a sergeant, I think—who was very understanding of the situation. He made reasonable requests, did not use a show of force as a way to intimidate the strikers and did not seem to be assisting management in any way. I was very pleased.

It appears that in the intervening 10 years, the Metro Toronto police have attempted to have a different approach to labour disputes, with specially assigned officers whose task it is to try to handle situations as diplomatically as they can. That is a far cry from the flying squad of head-breakers—that is what they were known as—who came from different divisions. One could never identify them; they would remove their badges.

I encountered them in the Becker's situation and their job was to break heads. That was 10 years back. That situation has changed and I applaud the Metropolitan Toronto Police for having done that. That is my observation from those two circumstances. The Fleck Manufacturing one was different because it involved the Ontario Provincial Police and its troops.

Mr. Wildman: And for member for Huron-Middlesex (Mr. Riddell).

Mr. Warner: I am not going to mention that.

Those are some of the pressures. There are others. The agent provocateur is familiar in Ontario labour scenes. We hope that is going to end as well.

One of the other pressures that needs to be addressed, a very severe one, is the scab situation. As members know, companies in the midst of a first-contract settlement or any other strike situation are permitted to hire scabs, and they do. The idea is to undermine the union position.

It seems to me that it would be entirely reasonable, especially in first-contract disputes but also in others, that where there is a valid, legitimate breakdown of the collective bargaining situation, and where the workers are in a legal strike position and are exercising that right, the company should operate by way of management and not be allowed the luxury of hiring replacements for the workers. Surely to goodness that would solve a lot of problems. It would get rid of the strikebreakers. In most cases, it would get rid of the need for police to be there. It would get rid of Securicor and others of that ilk. It would probably reduce a lot of the tension and pressure on the picket line.

When the majority of the workers are in favour of having a collective agreement, I do not think a six-month strike to secure a contract is in anyone's best interests. I cannot see how it is in the best interests of the company to have its highly trained, highly skilled, long-serving employees out of the work place for half a year. It does not serve the interests of an employee to try to survive on \$50 a week through the kind of weather we have at this time of year, or to have other pressures put on him or her by strikebreakers or anything else. It is in no one's best interests.

I think it is in everyone's best interests to have a decent collective bargaining situation whereby one can avoid a work stoppage. Workers do not like going out on strike. They do not like having to resort to that. They know the consequences.

I hark back to the Eaton's situation. A single-parent mom trying to survive on \$50 a week does not want to go out on strike. She did it because she had to; she had no other recourse, and because we have no mechanism for solving the problem in Ontario, she was out there for more than six months. That is wrong. It is a matter of fundamental justice. It is absolutely wrong that workers should go through that.

I wish to allow other members the opportunity to participate, so I will wind up. I want to say to the minister I appreciate the fact that the bill is here, regardless of how it got here. Obviously, it is some tribute to the reform agenda. I appreciate the fact that it is here and I appreciate the fact that the minister appears to be someone who listens very carefully to what people say. That is his reputation, and that is good.

I honestly believe there are some serious problems with the legislation and I hope that when the bill goes to committee the minister will take into account not only our comments, those of opposition members, with respect to possible

changes, but also the comments from other groups and individuals—from everyone, including the Tories' friends the CMA, the unions and individuals who show up—so we can take what is a basic foundation and build on it something of which most of us will be very proud and something that will serve well the working people in Ontario and the employers as well.

Not all the employers in this province have reached the age of enlightenment in understanding why people want a collective agreement and that if they used a bit of imagination and a bit of applied intelligence, they could make that collective agreement something that both the company and the employees could be proud of.

I have been a party to negotiations on a collective agreement on both sides, both as management and as labour. It can be of benefit to management as well as to labour to have a decent working relationship, an understandable relationship, a good, objective way to work out grievances without having to resort to a picket line. All that is possible.

It is with some pleasure and pride that I support the principle of the bill and I look forward to the opportunity to make some of the progressive changes that are needed to strengthen the bill.

Mr. Martel: Earlier this afternoon as I listened to the member for Brantford, I could not help recalling a book I read a number of years ago called Labour's Untold Story. I wish some of my friends to my right would take the trouble to read about what the struggle has been and what forces have tried to prevent the establishment of trade unions.

I sit here day after day, and although I am not a farmer, I try to get a handle on their problems. However, very few people, if any, in the party to my right even bother to look at what the trade union movement is all about or at what it has done for contemporary civilization.

Mr. Pollock: I belong to one.

Mr. Martel: Then the member should get up and confront his colleagues when they take the stand they took today in moving to oppose this bill, because that is the intention of the Tories: to oppose this legislation. If that member is a trade unionist, he will be up on his feet arguing against his colleagues.

I have over the years tried to sympathize with and understand something about agriculture, although I must admit I am no expert on it.

Mr. Mancini: The member probably knows more than the Tories do.

Mr. Martel: In some cases that might not be hard. None the less, I have tried. What I find offensive—

Mr. Wiseman: The member for Essex South (Mr. Mancini) is going to be away back in that corner.

Mr. Mancini: I was never fired.

5:40 p.m.

Mr. Speaker: Order. The member for Essex South is not in his seat. He will please refrain from interjecting.

Mr. Martel: I want to reiterate, I have never ceased to be amazed. I have listened to the debate on the medical bill. I have heard all the classic arguments about how trade union movements are not democratic and that, once one brings in a trade union, democracy is dead. I hear all these comments and they are from farm boys who have never read anything in their lives.

Mr. Andrewes: How does the member know?

Mr. Martel: I know from their reactions. One has only to listen to know their depth of knowledge in this field is zero.

Mr. Andrewes: That is not fair. They have read about Social Credit. They have read a few socialist pamphlets.

Mr. Martel: I can recommend a number of books for my friend if he wants. If he wants to start with one of the better ones, he should read Labour's Untold Story. It will take a couple of nights; it runs to about 900 pages. It would tell him how Pinkertons and famous agencies like that got involved to execute and slay trade union organizers. It will tell him how, for example, in the Pullman strike in the United States, the government got involved in eliminating those radicals.

If one looks at the history of Ontario, one also knows the scream for years by certain individuals was that the trade union movement was infiltrated and totally dominated by Reds. One listens to the arguments being presented and some of the interjections and one knows very little has changed.

I recall my friend the previous member for Cornwall, the father of the gentleman who now occupies that chair, who was Minister of Labour at one time. Fernie Guindon came to me one night when we were sitting at the Royal York Hotel and said: "After all this battle, I am now Minister of Labour. I used to think trade unionists were just awful and they were the people not prepared to negotiate. That is all nonsense. The only people who are prepared to compromise are the people in the trade union movement. Management is much more intransigent."

He gave me a couple of examples. A couple of people who were opposed to increasing the minimum wage showed up at his office. They were from the tourist industry. As he looked out his window, in those days at the backyard, both of them drove up in Cadillacs. They were there to oppose a minimum wage. Can one imagine? Poor Fernie could not get over that. He said: "I could not believe it. I knew these birds were coming. I watched them come in with their Cadillacs to oppose the minimum wage."

I listened to the claptrap of the member for Brantford (Mr. Gillies) today. He is going to equalize things. As I understand it, the Canadian Manufacturers' Association wants to require a vote because 55 per cent of the cards signed is not sufficient to indicate that a majority of the workers in a plant want certification. It is not a clear 50 per cent plus one, but 55 per cent. However, the member wants a vote.

Does that mean one has a vote, and if there are only 80 or 90 employees, one can hire 35 more on a part-time basis, give them a vote and eliminate the possibility of having a vote which represents only the workers who are there? My friend the Minister of Labour is well aware of that. He is well aware of what the manufacturers' association is presenting. What it wants is a tradeoff, which has been the history of the Tory party in labour legislation in this province. It has had to give a little, and then it took some back.

I have never seen the Minister of Agriculture and Food do that. He goes out there and fights like blazes for the people he represents. The Minister of Tourism and Recreation does exactly the same thing. I give them credit. That is their responsibility. However, when it comes to labour there has to be a tradeoff; I am not sure why.

Shortly after I arrived in Toronto one year in the middle of December, I ended up on a picket line at Proctor-Silex. It was a famous case in those days. In fact, we left Morton Shulman in the Legislature by himself. My colleagues and I, all 19 of us, left Morty to handle the business of the day and we went down and broke the injunction.

There have always been obstacles for labour. Do my friends who know something about trade unions remember the ex parte injunction? Management could go to a judge and get an injunction in the middle of the night, serve it on the union the next day and say, "You cannot picket." That was not long ago. I was involved in a number of the demonstrations where we deliberately broke the injunction. We knew that with the Tories in

power and with their determination at that time, there was no way they were going to bring in legislation. Therefore, we had to confront them outside the Legislature.

Of course, they did not send the Ontario Provincial Police in to arrest all 19 of us. They would have had we not been members of the Legislature. People frowned and screamed that we were violating the law and that we, as makers of the law, should not do it. At times, the law is an ass, and when the law is an ass, one changes it. We are on the right track here, but part of this new bill falls into that category. I will come back to that.

I have been on picket lines and they are not pleasant. Anyone who thinks a picket line is a great place to have fun has rocks in his head. If the members do not believe me, they should come with me to the next picket line and see. Everyone thinks people like to go on strike and that it is a great thing to do. It is not when one is on strike and has no income. It means a person does not have much choice. A point has been reached where one will not be pushed any longer and decides to strike. It means one has been pushed to the wall.

The teachers' strike in the separate school system in Sudbury last year is an example. Can one imagine nuns on the picket line? They had been pushed to the wall. When a person goes on strike, he or she has been pushed to the wall. It is not done frivolously, but there is this idea to my right that it is done in a cavalier sense.

As my leader said earlier this afternoon, the only time I have seen government intervention in the bargaining process was with the original bill in Ottawa in 1976, I guess it was, freezing wages for three years, which was followed by two years in Ontario. Then we could intervene with impunity. Of course, we did not freeze profits and interest rates; we did not freeze anything except labour's wages. I say to my friend the member for Brantford that unlike the doctors, they never got a catch-up. Is that not strange?

5:50 p.m.

I can recall a strike I was at in Sudbury. My colleague the member for Scarborough-Ellesmere talked about the thugs some firms hired. Dare Foods had German shepherds a couple of years ago. They do not do that at Inco. Since we finally got organized in Sudbury, they do not bother to hire any thugs or pug-uglies to try to break a strike in any of the mines, nor do they hire thugs, pug-uglies and infiltrators in the construction trades. They do it where there are a lot of women.

There have been a lot of nasty strikes with thugs, pug-uglies and infiltrators where there are women. Look at some of the worst disputes and see what the predominant sex of the people in those strikes has been. It has been women, the people who are the most vulnerable and who are least in a position to afford that tough type of situation.

Simpsons in Sudbury has a new policy of three days a week for everybody. Whoop-de-do! Has the minister ever thought about trying to support a family on three days a week? He should try it some time. I do not mean at his wage; I mean at the minimum wage. That is what is going on all over out there today as never before. It is open season on women.

The only thing that is going to happen is that we are going to have five or six months of dispute, and we are not sure they are going to fit a category. That is really a weakness. If the minister wants to go down in history, he should put his chin on the line, put it out for a change and say: "That is enough. We are going to have first-contract legislation that will work."

My friend the member for Brantford said, "Give them more time." Has he calculated yet how much time they have under this bill? Let me check to be precise. From beginning to end, not counting the strike, the whole process is 103 days. If it goes to private arbitration, extend the time limit by 10 days. That is 113 days. The minister can correct me if I am wrong, but that is how long I figure the process can take.

After they have been on strike for maybe two, three or four months, the member for Brantford wants to lengthen it beyond that. Although it is 113 days already, almost four months—in fact, 120 days is four months—he wants to lengthen it. He is desperate for something to hang his hat on to avoid voting for this legislation.

Not only has he bought the Canadian Manufacturers' Association line that we should not recognize the bargaining agent if it has only 55 per cent of the cards, but there has to be a vote. That will give management time, of course, to bring in a bunch of scabs, add to the number of voters and make sure the union does not get organized. That is what is behind that whole ploy. To hang his hat for not supporting this legislation on not giving sufficient time, or on the time factor, he must have been scratching desperately for a reason.

I could see it if he were saying, "We are not supporting this because it is not easy to get access." Take the very clause he was talking about. If he were to say he was not supporting the

bill because he thinks we should remove the refusal of the employer to recognize the bargaining authority as one reason, the uncompromising nature of the bargaining position adopted by the respondent without reasonable justification as a second and the failure of the respondent to make reasonable efforts to conclude a collective agreement as a third, and that it should be easier; if he were saying he was not supporting the legislation for those reasons, I would applaud my friend.

But no, he looks for a weasel way out. The Canadian Manufacturers' Association said we have to recognize the union through a secret ballot first. Once we have the secret ballot, then they are prepared to name the time limit. All management wants is lots of time to bring in lots of people in order to destroy the vote. If my friend cannot see that, then he is more naive than I thought he was.

In order to impose these restrictions, as my leader said today, there will be slick discussions and lengthy legal haggling as to whether there was real negotiation or tough negotiation, and they are going to have to prove whether that occurred or not. When companies go out, they do not really care how much money they spend to prevent a union from getting a first contract. If one reaches that situation or impasse where one cannot get a first contract, one knows full well that company has no interest in having a union. One only has to look at Irwin Toy.

I remember being on the picket line at Irwin Toy, and it was a vicious strike. It involved predominantly women. They ended up getting 10

cents an hour more than the company wanted, after months of strike. What hurt the company was the boycott on the Atari video games it was producing. The boycott and the cost around Christmas time was affecting the company badly.

One would have had difficulty proving bad-faith bargaining, as in most of these instances that go to the arbitrator where one has to prove bad-faith bargaining, because management would hire the best lawyer going. It does not care what it pays in legal fees to defeat that particular union, whether it is the Ontario Public Service Employees Union or any union one wants to name.

As my friend puts up the obstructions or the barricades in a sense to clear access, he makes this legislation less palatable. We will support the legislation, but at the same time we intend to move a series of amendments. I hope my friend the member for Brampton will see the error of his ways. I am not sure. Anybody who is prepared to quote the Canadian Manufacturers' Association—

Hon. Mr. Nixon: The former member for Brampton?

Mr. Martel: No, not Brampton. Pardon me. I keep mixing the two up. The member for Brantford was quoting the Canadian Manufacturers' Association.

On motion by Mr. Martel, the debate was adjourned.

The House recessed at 6 p.m.

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Legislative Assembly of Ontario



First Session, 33rd Parliament

Tuesday, January 28, 1986

Evening Sitting

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LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday, January 28, 1986

The House resumed at 8 p.m.

HEALTH CARE ACCESSIBILITY ACT (continued)

Resuming the adjourned debate on the motion for second reading of Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

Mr. Cousens: We are continuing this debate. I probably would have been able to finish last night had it not been for interruptions from the third party. However, I would have had to rush through some points, and I do not want to do that because we are dealing with one of the most important issues in Ontario today.

We are dealing with the confidence the people of this province have in the health care system. We are seeing the confidence of the people of our province virtually shattered by the way this government is running roughshod by bringing in legislation that sets a new pattern and new precedents for the way in which government is going to deal with issues and with the people of this great province, without conciliation and without discussing issues with people.

We have done it with the pharmacists through Bills 54 and 55. We are legislating new rules that are going to change the way pharmacists have traditionally dealt with their patients. It is another example of this government at its worst.

We saw the government come in with a budget that had nothing for the business people of this province, but at the same time it increased the province's deficit. That again is the government at its worst. We will see an increase in inflation and a lack of support for the business efforts needed to pay for the things we are talking about in Bill 94.

When we saw this government arbitrarily bring in the spills bill, we saw a government that had lost a sense of responsibility for the balance that is needed between people who are interested in running a business and in doing the right thing. I say shame on them.

Bill 65, which was discussed today, provides for the settlement of first collective agreements. It is the government responding to a situation no one liked, to what happened at Eaton's. How-

ever, it is another way of forcing the people of Ontario to say: "Maybe we should get on a bus. Maybe we should head out of this province. Maybe we should go elsewhere." They did that in Quebec a few years ago; they came to Ontario. Are we going to start driving business people from our province to somewhere else because we do not have an environment where they can run a business and make a living?

Today, the Minister of Community and Social Services (Mr. Sweeney) had a rehash of an announcement made by the government previously in power, without any significant change and without acknowledging the authors of the programs. It is ludicrous.

I am upset. As an opposition, our hands are tied and there is little we can do. However, I say this much: I will speak up and I will make clear, at least in this House and to the people of my constituency, what is happening in this place so people can become aware and involved and can protest. Their time will come, because the government will be in power for only so long. There will be an election and the people will have a chance to speak up.

We see the same kind of confrontation again today. I am leading up to it, but it is all part of the context in which we are living. We are dealing with a government that has lost sight of the people of the province. Who knows? Perhaps we are going to have to pay a fee to go fishing, and then all kinds of Liberal inspectors will come out to make sure we have our licence.

I can just see it. Our good friend the member for Waterloo North (Mr. Epp) is going to end up having a summer job tracking down fishermen who do not have a licence. To me, there is something damnable in the fact that the government has a chance to do something worth while for the people of Ontario, and what it is doing now through all these actions is bringing in changes that our people in this province do not want, did not expect and will find upsetting.

I am leading up to what I want to get warmed up on. I came to this House tonight when I should have been at the John Aird dinner—I paid \$50 to attend that dinner for the mentally retarded and for the work that is going on there—because I felt

compelled as a legislator to be here to speak on these issues.

We are moving into an age of socialization, and Bill 94 is another example of a government that has gone socialist. It is going totally off on the left end of the spectrum, especially when we see what the Minister of Housing (Mr. Curling) brought in with this housing legislation. Why do it? The people of Ontario did not need that.

I do not mind seeing the positive action of building more housing units. We need them; God knows we do. However, I venture to say that with this kind of further intrusion into the whole fabric of our society, making this a more socialized province, we are losing the balance that has made us strong, the balance that said on the one hand, that free enterprise can thrive and reign, and on the other hand provided for the social needs of our people.

That is the balance that Bill Davis, John Robarts and George Drew had. It is the balance that the people of our party had, and still have. This is the balance that is missing in the legislation before us in Bill 94. The government is saying there: "Damn the cost; damn the long term. Go for what seems to be expedient now because the media want it or because some group of people in the New Democratic Party said, 'Let us put it in the accord.'"

I want to get to that, because I was thinking on the way down that the accord did not require this government to be so punitive to the medical profession. All the accord asked for was the banning of extra billing. The government is taking it a step further and saying, "It can only be our way," unlike any of the other provinces that have allowed flexibility for the doctors to do something other than exactly what the government wants. I will get to that. It might take me a while to do it.

I also believe that when we have a government that says it is so open, it makes for a sense of distrust on this side with the kind of regulations and controls that are going to be brought in. The Premier (Mr. Peterson) is a nice person. I do not believe anyone here would disagree. I worked with him on the pension committee for some 72 meetings, and anyone who knows him cannot help liking him as a human being. However, I do not like it when he says he has an open government and everything is going to be nice and cosy, and yet the cabinet ministers across the way have not even submitted their conflict-of-interest guidelines. Something is the matter with all of them if they are not going to follow the simple rules.

Out of one side of his mouth he says one thing, and out of the other nothing happens. There is no follow-up; there is no truth. The lack of sincerity in that action causes people to ask: "What is this government up to? What are its long-term plans? What is its long-term goal? It says one thing and then does not do it."

Bill 94 dealing with doctors is saying nice things. The government says it wants to negotiate; but will it? Will it deal with them with candour, with integrity, with a sense of intelligence and a with sense of respect for the involvement they have had in health care in our province in the past?

I venture to say it will be much the same as the Premier with his conflict-of-interest guidelines: "Yes, we are going to be open. We are going to do everything right." However, when the day comes that our good friend the member for Leeds (Mr. Runciman) digs and finds that none of them has submitted his interests and that a potential conflict of interest appears in the case of the Minister of Northern Development and Mines (Mr. Fontaine), one has to start hearing the people of the province of Ontario say, "Woe unto them for what they are doing to us."

I do not know what they are going to do, but they have taken the programs our party laid out, stolen them, rehashed them and regurgitated them.

8:10 p.m.

Hon. Mr. Bradley: On a point of privilege, Mr. Speaker: I am wondering what the honourable member is saying about members of the cabinet. Was it that they have not submitted their conflict-of-interest guidelines? Is that what the member said? I thought that was what he said, which would not be accurate in my case. I handed mine in a long time ago.

Mr. Harris: On the point of privilege, Mr. Speaker: As late as this afternoon not one single, solitary cabinet minister's disclosure had been tabled, as it was to have been tabled, with the Clerk. The minister may have them tied up somewhere in his system where they are being reviewed—

The Acting Speaker (Mr. Morin): The point of order has been made.

Mr. Harris: —but we will have no knowledge of that until they are tabled.

Mr. Cousens: The point is obviously true and valid. Although I have a great deal of confidence in the Minister of the Environment (Mr. Bradley) about some things, he has obviously failed to meet the terms and guidelines delineated by the

Premier this week. In that sense, he has failed to live up to the guidelines given him. I am saying that is part of the context in which we now are living in Ontario; the government says one thing and does another.

What, then, can the doctors do if they are to believe this legislation, that it is supposed to be put forth in trust and is supposed to provide something that is not there?

You are going to drive—not you, Mr. Speaker; although you are a member of that party, I respect you. I know you probably have nothing to say about it. You probably did not even know what the government was going to do, because it was done by four or five of your members in consultation with the New Democratic Party, and then they rammed it through. I do not hold you responsible. Indeed, most of your caucus did not know what was going to happen. You probably would not have done it if you had known the serious ramifications it was going to have on health care in our province.

This is going to drive out doctors, specialists and business people. They see it as another example of the government taking control of the whole world we have come to love and know as Ontario. The government might as well start driving buses around the province, saying: "Move away, people. We will give you a free ride out because there is no free ride in Ontario. You are going to pay for it through the nose, through the ears and through every other way. It is going to be an expensive place to live."

I am sorry I did not finish last night, but as I have tried to look at the rationale for this, I have never been more concerned about what the government is doing than with Bill 94. It represents the very worst I could ever have expected from that party. In that sense, I am riled up from the very bottom of my toes and I want to speak out. I have a number of points to make in defence of my view.

I am making these remarks for the people of my riding, who want a quality health care system and who want to be able to depend on the services they have come to know, so they will have accessibility that is affordable according to their needs. If this legislation is going to cause disruption to that, then because health is so important I am compelled to speak out on it now. I do not want to do it two or three years from now.

I do not think the members opposite are aware of how unhappy the people of Ontario will be. My friends should not go by the polls. The polls give them a sense of comfort because they think the people are supporting them. They also should

not go by the media who are saying, "We like what you are doing."

I have never seen a government receive so much lovely support from the media. It is false support. They should not rely on it. The people of this province know better. They do not believe half the stuff that is printed in the *Toronto Star* or the *Globe and Mail*. When one starts getting the kind of promotional material the government is able to feed them and they are able to print, there is little doubt this government feels comfortable.

However, the people of Ontario know who is going to have to pay for these decisions. They are the ones who will cause this government to rue the day and to rethink what it has done. By then it will probably be too late, and we will be entrenched in a form of social democracy this province has never known.

I felt badly last night that I was not able to do justice to the presentation made by a number of doctors. I gave presentations from my constituents. I read a number of letters, most in support of the position I am espousing. I made reference as well to a number of constituents who support the view that the Minister of Health (Mr. Elston), the Premier and the coffee group are pushing through. I respect that there are differing opinions on how we should handle this whole medical situation in Ontario.

However, have we listened carefully enough to the doctors and what they are saying? Have we heard enough from them to appreciate the consequences? On *Dateline Ontario* on January 23, Dr. Earl Myers, president of the Ontario Medical Association, said, "I do not know why, in their wisdom, they decided that is the way they are going to do it." He was talking about Bill 94 and its consequences.

He also said: "Behind the Iron Curtain you can see a doctor privately if you do not like lining up in a clinic. In Sweden you can see doctors privately, in Italy and Israel. It is the same all over the world. This is the only place you cannot; where a doctor must be in the system 100 per cent."

Mr. D. R. Cooke: The member should read us some of his letters from nondoctors.

Mr. Cousens: I did that last night. I gave them to Hansard so it could give the names and addresses correctly. They will be in Hansard, which the member gets; he will probably read it, knowing how conscientious he is. I respect the fact that he is an honourable and respectable man. Through what I state tonight he may become converted and join the member for Humber (Mr. Henderson) in protesting the

government's decision to implement Bill 94 the way it is doing.

If he is able to bring about amendments to this punitive, nonconciliatory legislation that will help cause a breakthrough and understanding of what is best for the long-term interests of Ontario, then he will be one of those eligible to replace the member for Parkdale (Mr. Ruprecht) as a Minister without Portfolio or one of the other members in front of him. In fact, he is eligible now, in my humble opinion.

I would like to bring in some of the remarks. I have here a letter from Paul Randall, a physician who works in York Central Hospital, Richmond Hill, and who is very active in the medical association. At my request, he has put together a number of thoughts that reflect his views and those of a number of medical practitioners in my riding on this bill. I am going to read excerpts from his letter. I touched on it last night, but I did not take out the points he made and I feel I did a grave injustice to what he was trying to say.

"I should like to point out that physicians are the most accessible components of the health care system. The medical staff of York Central Hospital has provided, since the hospital opened, 24-hour, seven-days-a-week coverage on call, in person or by pager, within a 15-minute drive to the hospital."

I do not think anyone in this building or in this chamber can think of too many professionals who are on call the way they are, with the education, training and responsibilities they have. They are on standby constantly for the wellbeing of other people at sacrifices not only to themselves but also to their wives and families.

8:20 p.m.

He goes on to say, "I am sure you are aware some call schedules are provided at considerable restriction on personal and family life." I do not know whether many members know how many doctors have gone through marriage breakdowns. The cost they pay is a personal one that goes far beyond that of just time. It goes into family life, the very fabric of who they are as human beings, because when they start out—and I think most doctors are like this—they are dedicated to the wellbeing of our society.

He goes on to say, "Each and every surgical specialty—anaesthesia, obstetrics, internal medicine, paediatrics, radiology, pathology, family practice, emergency medicine—all the hospital services are covered in this way."

The honourable members opposite should try to tell me what group in the medical profession

does not give that kind of full-time dedication to its work. They all do.

"Why do we do this voluntarily?" he asks. If they were to be paid for each minute they were putting in it might be different, but in the letter—and I will go through it—there is so much of what the doctors do for which no cost or bill is associated.

"It is because we have a strong sense of professionalism and a well-organized, co-operative and a loyal medical staff."

It starts with these people who have that dedication, who make our system as strong as it is.

"We wish to provide good care to our patients and provide good service to our hospital, especially the emergency department. We are very accessible and available."

I do not know how many members have ended up in the emergency ward of a hospital. I have. I have taken my children there and I have gone there myself when I have not been 100 per cent healthy. It has been most gratifying to know before I went there that I would get good care and good attention.

"Secondly, I should like to point out that we as doctors also co-operate amongst ourselves and with the hospital administration to improve access to hospital facilities."

Co-operate: that spirit of co-operation starts from within and it starts from the kind of environment that has been created by government and by the administration so that people want to give of themselves. The day one comes along and starts ordering professionals to do things is the day one will not get the same amount from them. However, if they do it out of a sense of duty, out of a sense of conviction that it is the right thing, then one will get so much more from them in a quality way.

"We do this by voluntarily participating on hospital committees: the rehabilitation committee, admission committee, discharge committee or block booking, to name a few. Our surgeons do as much surgery on an outpatient basis as is medically safe so as to minimize the load on inpatient beds."

I know, because I was pressing the member for Don Mills (Mr. Timbrell), Keith Norton and the member for St. Andrew-St. Patrick (Mr. Grossman) for more hospital beds for my riding. Our growth, which is phenomenal in the York region—we are growing at more than 300 people a week in the south York region—is causing capacity problems in our hospitals and in all our services that have to be responded to. However,

in order to meet the needs of the people who are there currently, the doctors are giving extra of themselves so they can meet the needs of the people who are coming to them for care.

He goes on to say: "Our medical staff has taken the initiative in certain modern diagnostic equipment—namely, the Doppler scanning, the holter monitoring—buying and funding the necessary equipment for these services."

Think about it. How many communities have had doctors from within that community who have come out and, with their own funds and their own means, contributed to buying equipment to make that happen? Will they ever do it with the social medicare system we are talking about today? Why should they? Now the responsibility is taken away from them and the government is going to be responsible for it all.

Mr. Wildman: Does the member want a capitalist medicare system?

Mr. Cousens: I would like to see more than we have. There is no doubt that something is significantly wrong with this legislation, and I would not be up here trying to burden members with my thought process if I really did not believe it.

He says: "Contrast this accessibility with some of the problems we face at York Central Hospital, which of course is under Ministry of Health budgeting and control. First, despite the fact that York Central Hospital has 251 active beds and eight intensive care bed units, we still have no respiratory technology service, although all other hospitals in Ontario of a similar size and level have such a service and consider it essential."

I have talked to previous ministers about this. I have talked to a senior administrator about it. Right now there is not sufficient money in the budget to provide it for this hospital, and yet I guarantee, by the decision of Bill 94, there will be less money to spend on essential services such as the respiratory technology service because the money will have to be spent elsewhere. The \$50 million we get for the province is peanuts compared to what we will have to pay out to the doctors to appease them and satisfy their concerns.

He says: "We have applied for this extra service, but it has not yet been funded. This is accessibility for the critically ill and post-operative patient." If the government is talking about accessibility, let us make sure those patients under the care of our medical system in Ontario have the things they need. Other things

are still needed, rather than this punitive legislation before us tonight.

I appreciate that Dr. Randall has taken the time to put a number of these considerations forward so that the members of the Legislature and the people of Ontario can understand that life is not rosy out there. It is not easy to run a hospital or provide the service, but one has to provide an environment so that service is in the context of "the patient comes first."

He goes on to talk about this. "The lack of beds to admit patients for elective, necessary surgery often leads to cancellation of that surgery." I referred to that last night in my speech when I was talking about the British health system. They have waiting lists far longer than ours. The waiting lists we now have, which are objectionable to all of us, will increase and there will be more people lining up to receive necessary health care.

However, they will not receive it because the government has suddenly changed the dynamic. It has suddenly put the doctors and physicians where they will not be as inspired or motivated to do what they have voluntarily done out of a sense in faith in the system. We are also going to have too little money to put where it is needed.

Concerning a lack of beds for elective surgery, he says: "Obviously, patients must plan for their hospital admission, organizing around a job, providing baby-sitting and necessary family arrangements, and if there are insufficient beds on the day of their admission, their surgery and admission will be cancelled, often at the last minute. It does not take much imagination to appreciate the emotional upheaval that delay of important surgery may have on the patient and his or her family. It may also incur financial cost and inconvenience to all concerned."

This is not common now, but it will be in the future. It is part of the cost of Bill 94. He goes on to describe why there are two causes for this problem, "...one being many emergency admissions. Our emergency department now handles twice the volume it was built for." How many of us are used to being in that kind of environment where we do not have the facilities and services we have come to take for granted for basic things?

"Second, there are always a number of patients, usually elderly, who are awaiting placement in chronic health care facilities or nursing homes, who are occupying active care beds. At any one time, the average number at York Central is 17." Again, this is accessibility:

lack of acute and chronic care beds, lack of attention to the needs of the elderly.

Mr. Wildman: Why do we not have those beds after the Tories were in power for so long?

Mr. Cousens: Part of the problem is that our area is growing so fast that we are talking about a hospital which could double in size—

Mr. Wildman: We have that problem all over Ontario.

Mr. Cousens: —and to the credit to the minister and the government—

The Acting Speaker (Mr. Morin): This is not question period.

Mr. Cousens: However, it is an important question he asked. I respect the member for Algoma (Mr. Wildman) at times.

8:30 p.m.

This government is already providing the funding for the Markham Stouffville Hospital to help relieve some of the overcrowding we have. It does not begin to solve the overall problem of underfunding for health care which exists now. We need more money for it. Let us not sidetrack that money into an area which will be a bottomless pit that will never be filled because there will not be enough money to satisfy the need the government is creating through this bill.

He goes on with his main point: "Third, with our increasing volume in the emergency department, it is woefully apparent that we lack a patient care facility to treat the fracture clinic and minor surgery patients who, for example, number 250 per week."

Fortunately, medical science is making great strides in providing more and more service for the people of this province. There are ways of doing things differently than we did them in the past. Let us allow the flexibility to do that and give people a chance to optimize the services available in our health care system. That means an investment in extra facilities. The money for those extra facilities will not be available if we put it all into the salaries of doctors who will not be working as hard or doing as much.

"Fourth, it has long been the opinion of our obstetricians that we should be capable of performing caesarean sections in our delivery suite for the safety of the mother and that of the foetus. Unfortunately, this new program has not been funded. Therefore, expectant mothers are wheeled, often in considerable distress with their baby in possible danger, up a long corridor to the operating room where the caesarean section is performed. Is this accessibility?"

Is the accessibility that is being given as one of the main reasons for Bill 94 really a reason, when people are already being denied accessibility to the quality health care we want to have? We should have our priorities in place. If it is accessibility, let us make sure we are doing something for accessibility and not just tampering with the system and undermining some of the very ingredients that will provide ongoing accessibility.

"Fifth, the lack of availability of computerized axial tomography scanning on a reasonable time schedule continues to thwart our attempts to provide good care. As York Central Hospital does not have a CAT scanner, we must refer our patients to other hospitals in the Metro area. At present, the wait for an outpatient scan is two to three months; for an inpatient scan, one to seven days."

If one of the Liberal cabinet ministers needed one, I am sure he or she could get it on the same day, but I am not worried about them.

The Minister of Health is coming in. I welcome him to the House. He has probably been listening in the back room, trying to keep track of all the things that are going on, but it is good to see him here at last for this important debate.

Mr. Ashe: He does not care at all.

Mr. Cousens: I know he does not seem to care. He is busy talking to his friends and making light of one of the most important pieces of legislation this government has brought before this House. The future health care of this province is in jeopardy and people are making light of it and not taking it seriously. That is why we are here; to present the facts and the situation so that people fully understand the ramifications of this pernicious bill.

He continues: "Some patients have to be admitted to hospital so as to expedite the performance of the scan as they medically cannot wait safely for three months to have it done. A CAT scan has been part of our diagnostic armamentarium for the past 10 years. It is not a new-fangled frill. This is accessibility."

We have an awful lot to do not only to maintain a health system but also to build upon it. I do not for a moment pretend it was perfect in the Tory days and has suddenly changed with the Liberal days. I do not think there has ever been enough money to do it exactly right.

We want to make sure that every hospital is able to provide state-of-the-art services to all patients, rich, poor or whoever they are, so anyone who enters one of our health care systems in any hospital knows they will have the best

treatment available in North America or the world. That is the reputation we have had up until now. That reputation is about to be thrown out the window if we proceed any further with Bill 94.

He says: "Sixth, with regard to outpatient therapy at the hospital, there currently is and has been for a long time a waiting list to treat patients with whiplash, arthritis or low-back pain of four to six weeks." Think of that. A waiting list of four to six weeks for whiplash, arthritis or low-back pain. "People for evening appointments wait eight weeks," he says. "Speech therapy for preschool and school-aged children takes three months to attain an assessment of that child and one year for necessary treatment. Is this accessibility?" Is this accessibility? It is not.

If that is one of the reasons touted by the government for pushing this legislation through, it fails to know what accessibility is. It means to have the services and ingredients available in the context of a hospital so the people who are there are able to get the service they need.

"Doctors, nurses, therapists and hospital staff are blamed for the inconvenience and delays from inaccessibility to the system by disgruntled patients. Doctors are then forced to be apologists for central planning and inefficiency by the Minister of Health and the government's fiscal policy, which ensures this inaccessibility." Paul Randall is saying it well.

"Yet the medical profession of Ontario is faced with a threat to their professional freedom in the form of the Health Care Accessibility Act. We are insulted. We are outraged. After all our efforts to staff hospitals adequately and run them as efficiently as possible, we are told that our so-called extra billing is a threat to access to the health care system in Ontario. Nothing could be further from the truth."

I have to table the contents of Dr. Randall's letter because he represents something of the view I am trying to make. I want to put on the record as well that I do not think doctors are perfect. I do not think Dr. Randall is perfect. I have had people in my constituency office who have complained bitterly about lack of understanding from their own doctors.

There are weaknesses in our medical system, such as a failure to understand the mental health needs of people in this province. It is through that failure to understand that we are now seeing a new emphasis in government programs to encourage mental health, and I encourage that. In fact, I thank the Minister of Health for his support for the mental health program in York region. He

recently allocated \$100,000 for our mental health association's program.

We are talking about accessibility and something that is free for all. Dr. Randall asks in a postscript, "Why is it that the government does not provide free ambulance service?" I am surprised the New Democratic Party did not put that in the accord. The member for Algoma could have said, "What about poor people who want to get a ride to the hospital and who legitimately need it?" As it now stands, they have to cost-share the ambulance cost.

Mr. Wildman: We disagree with that.

Mr. Cousens: Does the member disagree with that? Sure he does, because that is the very point he is coming at in the extra billing.

Mr. Wildman: That is right.

Mr. Cousens: Someone might never get to a hospital if he ends up having to pay part of the cost. Logic would say, why not eliminate the extra billing for ambulance rides and the extra billing for chronic care?

Mr. Wildman: Move an amendment to the bill.

Mr. Cousens: I am surprised the member has not done so and maybe this is the reason he is going to vote against the bill. There is still hope. The NDP is not all bad or dumb.

Let me bring out a point that is in the *Globe and Mail* today about charging for ambulance rides and chronic care. There is an excellent article by Kenneth McDonald in the *Globe and Mail* on page B25. Probably few members read the business section and it might be helpful if I bring in some of the points he raises having to do with financial incentives—that is a new term for some—on health care.

Mr. Mackenzie: Will the member hold off if we agree to read it?

8:40 p.m.

Mr. Cousens: I will save the member the trouble. I would like to make a small excerpt of three or four paragraphs. It ties into the point Paul Randall makes. The government is allowing extra billing for ambulance rides, and if it is going to do that, what is the difference from having extra billing for doctors? Where has the logic gone? They are all quiet over there. They are continuing to clear their glasses, clear their throats or blow their noses, things they are good at, but when it comes to thinking they fail to think about the disincentives of having financial incentives for people when it comes to health care systems.

Mr. Wildman: My mother used to say two wrongs do not make a right.

Mr. Cousens: The member's mother was probably more right than he has ever been.

Mr. D. R. Cooke: The member said earlier that doctors do not need that. He is full of goodwill.

Mr. Cousens: The logic is still the same for both. Let us just lay it on the table to understand the breakdown in logic that exists here.

Mr. Epp: The member is saying the doctors are in this for the money, is that it?

The Deputy Speaker: Order. The member will please address the chair. Do not pay any attention to the interjections.

Mr. Cousens: I thought it was something intelligent for a change. One never knows.

Here is the quote: "Canadian politicians have fostered the illusion of free medical care for so long that they are afraid to shatter it. Yet some form of financial incentive or fee at the point of consumption would do much to relieve pressure on the system.

"For example, controlled studies by Rand Corp., a US think-tank, have shown that a deductible or a copayment, limited to \$150 a year, reduced the use of health care services by about 30 per cent compared with a system of free care.

"Anyone who could not afford to pay a fee could be excused the charge, but the rest could contribute, as Dr. A. W. Pratt, of Burnaby, BC, has suggested, 'simply by making the benefits paid by a provincial medicare plan taxable in the hands of the beneficiary to a limit of, say, three per cent of taxable income. As some of the patient's own dollars would be at stake, both patient and physician would be more circumspect in their complaints and in their claims.'

"Sooner or later, more of the cost of health care will have to be borne directly by its users. Although that will check demand, a lasting cure must await removal of governments' monopoly and the admission of other methods to compete with it."

It can be done. There is a way around this legislation that says we want to have accessible health care for all under one grey government system that can allow, for those who can pay or those who can be more involved, some disincentive, some reason to be involved in the costing of the program and some way of helping to lower those costs. When people go and put a small amount out of their own money, they think about

it more. When it is government money that is paying for it, they think about it less.

I am digressing. An example of something that is free and uncontrolled, that has a little bit of money to it and where there is lots of control is the buggies one gets at the grocery store. Members are going to think I am losing my marbles; I am not. It ties in to Bill 94.

If one goes to most of the stores, one can take the cart out of the store and leave it out in the parking lot. It is there, and one can bang into cars all over the place. A new method was developed by a grocery store at the north end of Yonge Street, and I saw it not very long ago. To get a cart, one puts in 25 cents. One uses the cart and when finished with it, one takes it back, pushes it through this little button again and gets one's quarter back. Everybody puts his cart back where it was. There is control, there is regimentation and no one is taking advantage of the system, because a little bit of people's own money is there to protect those carts.

If just a little bit of each citizen's money were involved in the health care system, might it not—

Ms. Gigantes: Twenty-five cents or something?

Mr. Cousens: I do not know how little it is going to be, but if there were a small disincentive, would it discourage some of those who might take advantage of our health care system? Instead of going and putting it out themselves, instead of its being totally free, might they not come back then and say: "Maybe I will not go. Maybe it is just a headache like the one I had last time. Maybe it is something I can just handle this way, or maybe there is another way of doing it."

I am going off on a tangent, but that comes out of the points raised by Dr. Randall. The government extra bills patients for ambulance rides. What is the difference between extra billing there for someone trying to get to a hospital and the extra billing that goes on now by doctors?

Do members know why that extra billing is there? It is because people were taking advantage of those ambulance rides when they were free. I do not know whether they were intoxicated, wanted a ride somewhere or what their reasons were for using that service. However, they found by having a small fee—and I support a small ambulance fee for those who can afford it—it kept people and will continue to keep people from abusing a free system.

The day the ambulance ride becomes free, who knows what will happen? Our own Sergeant at Arms might be coming to work by ambulance.

The Minister of Health might be coming here on a regular basis in an ambulance. The government will need to have a lot more ambulances when it removes the disincentive.

I have a number of other letters to which I would like to refer from other doctors in my riding. I refer now to Dr. Robert Alexander, MD, CRCS, FRCS, who is an eye physician and surgeon in Richmond Hill. He wrote this letter this week to the Minister of Health. He says:

"It is my observation that during my 20 years in practice there are more uninsured people in this province now than ever before. One major problem that the physicians in this province have, which I think must be remedied, is that five per cent of the patients that are seen do not have a valid OHIP number. For one reason or another, the subsequent result of this is that we do not get paid at all for our services."

How is the government going to remedy this problem? Has anyone raised it before?

Mr. McClellan: Yes. We will eliminate the premiums.

Mr. Cousens: I guess that will be the next step. That is the way we are going to go. I have taken the member for Kitchener (Mr. D. R. Cooke) off my list for cabinet since he applauded that one.

Dr. Alexander goes on to say: "The compensation board presents a similar problem. A patient comes to my office, states that his injury happened at work, I then treat him and I bill the Workers' Compensation Board.

"Approximately four or five months later, I find that his or her coverage has been rejected as it is the opinion of the Workers' Compensation Board that he or she was not injured at work. Surely the Workers' Compensation Board's arm of the government could make their decisions more efficiently.

"We then submit the claim to OHIP, and if the claim exceeds the six-month cutoff that is put upon us by OHIP, then the physician is out of luck." The system obviously needs repairing in other places than in the place we are approaching it in Bill 94.

Dr. Alexander goes on to say: "These are two very important and very common problems that the Ministry of Health has refused to deal with over the years. It is totally unsatisfactory, both the response in the past and the situation that is now present in this province. I hope that you will see fit to solve these problems promptly."

Who knows? We may see a solution to it, but it may not matter if members say the next position will be that people will not need an OHIP

number, people will not be paying OHIP and so the costs will escalate even more. I do not know where the government is going to find the money.

I have a letter here from Dr. B. W. Granton in Richmond Hill. He too is talking about the Health Care Accessibility Act. He says: "I am, according to the above, being conscripted to serve on the vessel Medicare, which is floundering. The above comment is reinforced by the recent report re the inadequacies in mental health and cancer management in the province. These defects in the hull are a few of many.

"Mr. Peterson as Premier, your minister of the admiralty, Mr. Elston, and your provincial and federal predecessors have assumed responsibility for a vessel which you cannot afford and are incapable of commanding without the co-operation of the crew. You and your fellow politicians, not the crew, have opted out.

"You have promised safe passage to the passengers. You are obviously unable to fulfil this promise. You and I will some day be passengers on this vessel. Let us hope that it does not flounder while we are on board."

I think it is a beautiful analogy and a true analogy. I think it reflects the opinion of many who are afraid of what will happen with our health care system when this bill becomes law and when in the process the medical people in this province are forced to evacuate, move out and give up the ghost. I thank Dr. Granton for his comments.

8:50 p.m.

I have a letter from a doctor whom I have known for a long time. He is also a very dear friend and one who has probably given as much of his life as many of the doctors have in rural ridings and communities. This is Dr. Jim Outred, a doctor in the town of Markham, a great diagnostician, a brilliant man and a dear friend.

He wrote to me in late December, and we did have a chance to talk at a few parties during the Christmas holidays. It has to do with a solution to this state of confrontation now taking place through the process launched by the introduction of Bill 94. He was looking for another way for the government to respond to the needs before us.

Mr. Cureatz: Did he find a solution?

Mr. Cousens: He had one.

Mr. Cureatz: What was it?

Mr. Cousens: I am glad the member asked. I would like to share it with him.

First, he had to understand what the health care accessibility bill is all about. Every one of us has

had some trouble with those words, "health care accessibility bill." It is going to be something that makes health care more inaccessible than ever before.

He says: "It has united the profession against the government because it represents a deliberate intrusion into the relationships with our patients. Do Messrs. Elston and Rae wish to forbid any voluntary payments made by our patients?"

Is there an answer on that one, Mr. Elston? Let me read it again, "Do Messrs. Elston and Rae—

The Deputy Speaker: Would the member refer to all other members by their ministerial name or riding name.

Mr. Cousens: Would the Minister of Health nod appropriately then as I am going along? Is it his intention to forbid any voluntary patients?

Hon. Mr. Elston: I am having a hard time refraining from nodding off.

Mr. Cousens: I appreciate that. I would like to put one thing on the record. Not once have I ever said a word against the Minister of Health. He is a man of integrity, a good man, and I have always liked him. Concerning this whole democratic process in which we are involved, the day we start indulging in personal attacks on an individual is the day I do not want to be part of it. I have too much respect for his contribution to his riding. I just do not like what he is doing right now. That is what has provoked me to speak on this subject; it is a debate that is most significant and does not have a thing to do with the fact we happen to be friends as well.

Going back to the letter from Dr. Outred, he says: "Many of the general practitioners have been very lukewarm"—in other words, they are not all that keen—"in their support of the association's pro extra-billing stances, because patients have been receiving unexpected bills from anaesthetists; patients referred to specialists have been asked to bring \$55 in advance; and there are no opted-in obstetricians and gynaecologists to deliver our patients. We have now been squeezed out of that field because malpractice insurance has risen to such an extent as to make it totally uneconomical."

I will not get into the whole business of insurance in medicine. The Minister of Consumer and Commercial Relations (Mr. Kwinter) has done enough to wreck the rest of the whole province. There is going to be another whole series of battles we will be fighting in this House when it comes to insurance and the medical system.

Dr. Outred goes on to say: "I think it is high time that federal and provincial governments

began to define what is negligence and the perimeter of actions that should be permitted. A vast number of laboratory tests and other examinations are carried out in the name of defensive medicine which are a total waste of time and money."

Here is a medical practitioner who is aware there are some things going on where new efficiencies need to be found. The \$50 million we are talking about is nothing compared to the amount of dollars that could be saved through better planning in use of the funds we are already putting out there.

The doctor goes on to suggest: "I would like to propose some amendments to that act which might represent the middle road and be acceptable to physicians and patients. Extra billing should be changed to optional billing, the definition being that the patient alone has the option of paying it. Whether he pays it or not is none of the business of the Ontario health insurance plan or the politicians. It is just a moral responsibility on the patient, but no more."

The member for Algoma laughs. I do not laugh. At least it is another option, and that is a lot more than the present Minister of Health has given.

Mr. Wildman: The member should call it masochistic billing.

Mr. Cousens: There is a member of the New Democratic Party calling it that. I hope it is printed with his name beside it because I happen to be dealing with a man of integrity who believes in people and trusts them. He is not in the business of medicine for the money; he is in there for other reasons that have to do with serving people. It is a suggestion. Has it been discussed or thought about? It has been thought about by the member for Algoma; otherwise, he would not have given us such a goof-off.

Mr. Ashe: NDP means no down payment.

Mr. Cousens: He continues: "Optional billing will not be permitted until OHIP benefits have been received by the physician."

"The \$10,000 fine will only be applicable to physicians who attempt unilaterally to collect this extra money from the patient by use of collection agencies, etc."

"As this money is being truly paid by the patient, it should not be subjected to the terms of the Canada Health Act."

"Anaesthetists should have benefits raised by 15 per cent to about 90 per cent to 92 per cent of the Ontario Medical Association's fee schedule, the money to be derived by cracking down on the horrendous expenses of emergency departments."

These unfortunate people have little opportunity to reach any proper relationships with their patients.

"When optional billing is rendered, the physician should state his normal fee and the benefit received from OHIP, and the optional bill would be the difference of the two.

"If we are to become civil servants, as the present act decrees, then the accrual computation of our income for tax purposes should be abandoned."

Dr. Outred is just trying to provide us with a working alternative policy which might capture a middle ground. He makes some other comments. I am going to read the sentence. I do not like it but let me just put it into the record. He says:

"I am trying to provide you people with a working alternative policy which might capture the middle ground, as I think the present government members, without Ian Scott, are complete amateurs."

The member for St. David (Mr. Scott) has a fan somewhere. Here is a doctor who is at least trying to come up with a solution.

Dr. Outred says: "I am afraid that more severe strikes among the medical profession will certainly ensue unless amendments are made."

That is all I am asking for in my presentation, that amendments will be found and made and that the government will find a solution, in a working relationship of trust without emotion, which will allow the doctors and the Ministry of Health to sit down and negotiate a more meaningful position.

I have another letter from a very scholarly and good doctor in our riding. His name is Dr. J. A. McPhee, MD, CC, FP, in Richmond Hill. He says:

"It is with complete dismay that I survey some of the recent legislation regarding health care in the province of Ontario. It is amazing that there is general agreement that the health care system in Ontario is recognized by everyone as probably the best, most acceptable in the world, and yet the government of Ontario feels that it has to tinker with it.

"Why do politicians feel that the most personal, intimate, life-and-death care given to the people of Ontario has to be brought completely under bureaucratic control? How can the government believe that it will inspire and motivate a highly intelligent and caring group of people, such as health care workers, by passing such oppressive legislation.

"I am sure that it has been pointed out that the only alternative to the opting-out mechanism as a safety valve will be a trade union sort of

arrangement with the threat of such work actions as strike. How would you like to have your health care delivered by Canada Post?"

That is what he is talking about. How would we like to have our health care delivered by those fellows who deliver our mail?

9 p.m.

Mr. Ashe: The only thing worse would be to have it delivered by the New Democratic Party.

Mr. Cousens: It has not had a doctor in its ranks, has it?

An hon. member: Yes.

Mr. Cousens: Who?

An hon. member: Dr. Shulman and Dr. Godfrey.

Mr. Cousens: It is too bad their party did not listen to them.

Interjection.

Mr. Cousens: Dr. McPhee says:

"As a young man of 18 years, I was called upon to go to Europe to fight an evil regime led by a man called Hitler. Most of the young men who went with me did not return. It was our hope that our actions and sacrifices would allow us to live in a society free of the kind of arbitrary action which you are about to impose on pharmacists and physicians. It is undoubtedly going to cause people in this province to lose confidence in the health care system, because now you have the pharmacists angry and the doctors will be unhappy. You may say that some 85 per cent of the population approve of your actions. In reply, I would like to point out that 85 per cent of the German population approved of Hitler."

Mr. Wildman: Is the member calling the Minister of Health Hitler?

Mr. Cousens: No. He has not grown a mustache.

Dr. McPhee goes on:

"Also, a large majority of Canadians approved of imprisoning Canadians of Japanese origin and confiscating their property from 1941 to 1945. This is called dictatorship of the majority and is generally considered by social philosophers to be as evil as any dictatorship.

"Since 1953, I have been conducting the practice of medicine in a conscientious manner, working hard to maintain a high standard of care. I worked hard to establish a local hospital of high quality and assisted in founding Blue Hills Academy, a residential school for disturbed youth. I am heavily involved in a committee of York Central Hospital board of trustees for the next three years. Suddenly, I find that my income

is about to be legislated down by 25 per cent. By legislation, I now will be receiving the same remuneration as someone who graduated in 1985. Is this fair? Is this what is intended by this legislation?

"I hear that the motivation of the legislation is to assure accessibility to the health care system for all. This, of course, is just an excuse, because the factor which is denying access is underfunding by government. Some examples of this can be readily found.

"Recently one of my patients was neurologically impaired. He urgently required a CC scan. The first available appointment was six weeks in the future. His problem deteriorated so that he needed admission to a neurological hospital unit. This took three hours of our local specialist's time, calling several units in Toronto and begging for facilities to care for this patient. Is this accessibility?

"In our own hospital, our ophthalmologists have run out of interocular implants to treat our patients with cataracts. There is no more money in the budget for further lenses and there will not be any more until April 1986. Thus, our patients who cannot see will have to wait four months or more before they can start treatment for their condition. Is this accessibility? Many more examples can be found.

"If you, the legislators, can conscript physicians and pharmacists, no one in our society is safe."

That means the businessman, the businesswoman, the people who are out there trying to make a strong economy and the people who are trying to build a province for their children and young people will begin to see this no longer as the place they want to live, work, have their families or retire, but as a place that is really in danger.

Dr. McPhee goes on: "Although I have never been opted in and practise in a town with many opted-in physicians, I have had to close my practice in order to practise high-quality health care. Every day I have people call my office asking to become my patients even though there are opted-in physicians available. The proposed Health Care Accessibility Act will of necessity make it impossible for me to practise the kind of health care that I have been able to practise under the present system. I will have to see more patients per day to maintain my gross income. This gross income, by the way, helps support four families: my own and those of my employees.

"For the sake of the very nature of our society, our democratic tradition and values, think about what you are doing and the precedents you are establishing.

"Yours truly, J. A. McPhee, MD."

He sent a copy of this to the Minister of Colleges and Universities (Mr. Sorbara), and I trust the minister will have shared it with the Minister of Health. It is an indication from another physician whom I know to be genuine and good and conscientious, as are the vast majority of the physicians of this great province. He does his service for our community only because he believes in his art and in the healing process and because he believes he has something to contribute.

Why do we want to come between him and his patients? Why do we want to come into his soul in a way that is going to make him feel differently towards his art form, towards his sense of service and towards his obligations?

Other doctors in my riding have in their offices form letters, which they are asking be sent to the Minister of Health and by which they are trying to explain to their patients the so-called Health Care Accessibility Act, 1985.

They raise the commonly asked questions and the commonly held perceptions of what these questions are: "What is opting in and opting out?" That is one of the questions. I do not need to read this into the record, but there are some 15 detailed questions having to do with the practice of opting out, injustices in the present system, whether doctors would be called civil servants, the problems for physicians and whether doctors will leave the province.

The doctors are having to carry out an education program so their patients will understand the ramifications of Bill 94, because the public at large does not generally understand it. Members of the public just do not know and probably will not know until five, eight or 10 years from now, when they may be sick and will need care, which will not be there in the way they think it will be. Or they may find out in the months ahead, in the negotiations the Ministry of Health tries to carry on with the doctors of this province, that the doctors are no longer easily worked over the way they were in the past.

Last night I had the good fortune of referring to some comments that are part of the history of our province; comments on how Mr. Robarts, Mr. Davis, Dr. Dymond and the member for Don Mills (Mr. Timbrell) all did an outstanding job in conveying the very spirit of what the health care system is and how it should be conducted.

Now we see this bill coming in. We have not had a chance to realize what is happening in the other provinces of this country. If we were to look at the other provinces, we would see that they have been able to solve the whole problem that arose because of the Canada Health Act. Each province has been able to look at this problem and has been able to come up with some solutions to it.

Knowing we are Canadians first and have to abide by federal legislation and guidelines, we hope we will always do that. When each province was forced under the Canada Health Act, it meant each province would begin to work out a way with its doctors to institute that all-party-approved legislation in Ottawa. The Conservatives, the New Democratic Party and the Liberals all supported it. The provinces now are in the process of following through on it.

9:10 p.m.

British Columbia is an example of a province that has gone into this. The showdown between the British Columbia Social Credit government and that province's 5,000 doctors occurred long before the Canada Health Act was discussed. In 1981, the British Columbia Medical Association and the government began negotiations over a fee schedule and the proposed ban on extra billing.

The doctors had voted 94 per cent in favour of extra billing and did not consider it a bargaining point. The Minister of Health tabled a bill that would expel any doctor who extra billed from the medical services plan. Furthermore, it would impose binding arbitration on fee disputes.

Negotiations resumed and the government withdrew the bill. Subsequently, both sides agreed to a 40 per cent increase in fees over two years. The identical bill was reintroduced with the arbitration clause deleted. It was passed on June 26, 1981. In 1983, the doctors received a 4.2 per cent increase, with no increase in 1984-85.

The relationship between the doctors and the government in British Columbia has not been a smooth one. Doctors were angered by the minister's actions in 1981 and by an attempt in 1982 to roll back their fee increase to six per cent from 14 per cent for the last seven months of their contract.

The British Columbia Medical Association and the board of directors offered to give the government \$30 million worth of free service. In exchange, the doctors would be allowed to claim a loss in income of \$8,000 as a tax deduction, and the fee schedule would be maintained as a base for new contract negotiations. The proposal split

the doctors, and the British Columbia Medical Association held two special general assemblies to sort out the matter. Finally, it was barely passed.

After the original ban on extra billing, the British Columbia Medical Association took the decision to court. In May 1985, the Supreme Court of Canada denied a request for leave to appeal a lower court ruling against extra billing, thus ending any further court action. Therefore, the extra billing debate in British Columbia had been put to rest before the Canada Health Act became law. The province did sustain financial penalties over hospital user fees, but not over extra billing. Therefore, when the federal government legislation was passed, they were able to continue to receive the money. There was no punitive action by the federal government.

Alberta is quite a different story. Alberta's 2,800 doctors found in their government a staunch ally against the Canada Health Act. All kinds of comments were made by the doctors in Alberta. The Minister of Hospitals and Medical Care was one of the strong fighters against Mme B  gin's action. It is the only province that continues to have complete choice of billing methods. The doctors can bill the insurance plan for the authorized fee and the patient for the extra, or they can bill the patient for the full amount and he is then reimbursed for the portion covered by the plan. This allows the physicians to have the benefits of extra billing and the security of a government-backed plan.

The situation in Alberta is a bit more extreme than Ontario ever had. A time was coming in Ontario when our then Minister of Health, the member for Lincoln (Mr. Andrewes), Keith Norton and the various ministers, were prepared to sit—was Keith the Minister of Health at one time?

Hon. Mr. Elston: Yes, he was.

Mr. Cousins: I thought he was. They were prepared to sit down and negotiate with the doctors and Ottawa to find some way of working this out. In Alberta I see another reaction that says, "We are not even going to touch it." The pot of gold they have is not going to last for ever. The day will come when they will have to face up to some way of working it out.

I am in favour of negotiating and working things out. I am in favour of seeing that we have something equitable. However, I am not in favour of Bill 94, because it gives only one option: "You will do it our way or no way, and if you do not do it that way, you will get fined up to \$10,000." That is what I do not like about it. It

homogenizes the entire system of health care. That is not where it would have gone had this party been preparing the legislation. I am inclined to think there is still time for the Minister of Health to change.

Saskatchewan has its own approach. It was the promise of being allowed to opt out and bill direct that brought Saskatchewan's doctors into medicare after a three-week withdrawal of services in 1962. Ever since, it has been considered the physician's right to opt out and bill direct. In Saskatchewan, extra billing is different from—

An hon. member: That is incorrect. They do not—

Mr. Cousens: No, they cannot—oh, they can as long as they do not go over the amount.

An hon. member: That was a trick question.

Mr. Cousens: Then I passed the test. I would not want the member for Algoma (Mr. Wildman) to lead me down the garden path.

In Saskatchewan, doctors can operate within the plan and accept plan fees, they can opt out and charge their own fees, or they can remain in the plan and bill the patient directly, who is then reimbursed. There are three ways of doing it.

In 1984, things had changed a bit and the government was adamant that extra billing would have to end because it was losing \$2.5 million a year. Also, polling that had been done in Saskatchewan showed a number of the public opposed to the fact of extra billing. The Saskatchewan Medical Association realized it had to sit down with the government, extra billing would be taken away and the doctors would have nothing in return.

Negotiations were carried out in Saskatchewan between the then minister, Graham Taylor, and the president of the Saskatchewan Medical Association, Richard Twanow, during the spring of 1985. An agreement was reached in May entitled Saskatoon Agreement II. The document banned extra billing and changed the method of negotiation for settling physicians' fees.

Mr. Wildman: Why would the doctors not do that here?

Mr. Cousens: The one thing I want to tell my friend is that in Saskatchewan, physicians can still opt out, but their patients are no longer entitled to reimbursement from their plan. In Saskatchewan they at least have given that option.

Mr. D. S. Cooke: Then the member wants the Quebec system.

Mr. Cousens: I am not sure which system I want. At least I want to see some discussions and

negotiations. That came out in what Dr. Myers said. He said: "If you had let us negotiate, we could have said that senior citizens would not have extra billing. There would be other ways in which we could have handled the rest."

In the past, Ontario has been a leader when it came to legislation, programs and doing things right. Now we are at the wrong end of the totem pole; we are at the bottom. We are not leaders; we are doing it the other way.

In Manitoba, prior to the Canada Health Act, the 1,900 doctors practising in that province had to opt out of medicare completely if they wished to extra bill. Then they billed their patients directly, who were reimbursed by the plan amount. Once the Canada Health Act was introduced, the Manitoba government supported the extra-billing ban but made it clear it was willing to negotiate a fair settlement with the doctors.

An agreement was reached early in 1985 whereby the doctors agreed not to extra bill. In return, the government gave the medical association a 1.76 per cent fee increase, a \$500,000 supplement for low-fee services and a three-year trial offer to negotiate fee increases through binding arbitration.

Quebec is quite another scene. I have talked to a number of Quebec physicians who indicate a different culture exists in that province. The 13,000 doctors who practise medicine in Quebec have always operated under a slightly different system from that in the rest of Canada.

First, the doctors are unionized; therefore, they have regular contract negotiations with the provincial government over wage increases, as does any union and its employer. They treat themselves very differently in relation to the government.

Second, physicians in the province cannot extra bill, but they can opt in and be paid by the plan, they can opt out and have the plan pay the patient, or they can be nonparticipating and set their own rates, but their patients will not be reimbursed by the province's insurance plan.

Mr. D. S. Cooke: That is not how it works in Quebec.

Mr. Cousens: The member had better go and find out. My facts are true and solid. If the member disagrees, he can take the floor and give me his facts.

9:20 p.m.

Mr. D. R. Cooke: What about the fact that we have lost \$400,000 in Canada Health Act grants since the member stood up?

Mr. Speaker: Order.

Mr. Cousens: I am prepared to see that we do what we can to recover the money from the federal government, but I am also prepared to see that we negotiate with our doctors and come up with a program that is not just arbitrarily forced upon them but is something that has been negotiated in good faith by all sides.

The Maritimes has its own system. In Nova Scotia, extra billing is referred to as billing above tariff. In 1983, 58 per cent of the province's 1,400 physicians were billing above tariff to the annual tune of \$14 million. Unlike other provinces, the discussions between the provincial government and the Medical Society of Nova Scotia were relatively amicable, thereby enabling Nova Scotia to become the first province in Canada to respond to the Canada Health Act. It is interesting how they were able to work it out. Both sides seemed to be able to sit down and talk with one another. They were able to participate in the discussion and dialogue and through that come up with a solution.

By the way, I would like to give credit. I am most grateful indeed to Cathy Fooks, one of the research officers in legislative research, who has done a tremendous amount of work in analysing what has happened in the other provinces. It has been through her work that I have gained a marvellous insight as to what is happening in the other provinces.

In New Brunswick, both opted-out and opted-in physicians can extra bill. Opted-out physicians bill the patient directly and the patient is then reimbursed, and opted-in physicians bill both the plan and the patient. At present, New Brunswick has not responded to the Canada Health Act. I am sure they will work out something. There is a good Conservative government there. I know they will find a way to work things out and it will not become the kind of socialized arbitrary stance we are seeing from this government.

Newfoundland has a system where only opted-out doctors may extra bill their patients who are then reimbursed by the plan amount, so there is no problem in Newfoundland.

Just for the record, in Prince Edward Island, doctors can opt out and bill patients directly or they can remain in and practise selective-servicing opting out. That is, they select which services they charge more for. There is not much problem there.

There is no extra billing in the Yukon and the Northwest Territories, as all physicians are opted in and do not charge more than the plan dictates.

These are just a few comparisons that exist. Ontario is one of a great confederation of provinces. We want to see this province be part of the whole federation of provinces and part of the Canada Health Act. I am anxious to see something happen so we can recover moneys due to us, but there are ways of doing that, ways that do not require the approach suggested by Bill 94.

Unfortunately, because we ran out of time last night and because of the number of points that doctors had made, I felt compelled to raise the view they had shared with me. It is important to keep that in perspective, along with the perspectives of patients and of politicians who care for the future. I do not want to see myself as one arguing for any one group of people except the citizens in my riding and the great people of this province.

All I want to see for them is a quality health care system, available to all and accessible to each one, a health system that responds to some of the very basic things that make it universally available to all people, a system that is portable, so that as Canadians, if we are sick in another province while travelling, we know we are going to be covered for it.

We want to have a program that is truly accessible, that allows access not impeded by direct or indirect charges, so that people who need it but cannot afford it will have the best available. They have that now. We are changing it in order to collect this. I can see us changing it to find ways of working it out, but I cannot and will not accept the proposals before us. There is still time for the Minister of Health to modify this legislation and bring in amendments. It is my prayer and my hope that common sense—

Mr. Haggerty: So the member is opposing it, is he? He is voting against it finally.

Mr. Cousens: Yes. The honourable member is asking whether I oppose it. I spent some time last evening laying out a number of the reasons why the government is bringing it in and failing to understand all the ramifications behind it. I am opposed to it and I believe that when the people of this province see the effect it will have—

Hon. Mr. Elston: But the member is also opposed to extra billing. Is that not also what he said?

Mr. Cousens: I do not think anyone who cannot afford the health care system should be charged for it.

Mr. Haggerty: Something different now.

Mr. Cousens: It is in there now so the people who have not had the funds, who have not been

able to afford it, could receive that medical attention.

Mr. Mancini: How is the member going to find out whether they can afford it?

Mr. Cousens: The member for Essex South (Mr. Mancini) should get his limo. He comes in here and thinks he has the answers. I will bet he did not even know a thing about this until it was tabled in the House, because most Liberal MPPs had no idea it was going to turn out this badly. They have to face up to the fact that they are going to go up for re-election.

I am not going to be goaded on by the remarks of these people. I stand on what I say. I stand on behalf of the people of the riding of York Centre in Ontario. I am proud to be their member in this House and I am not afraid to stand up for them and speak against this pernicious and damnable bill.

Mr. Ramsay: It is a pleasure to rise in my place tonight, and somewhat a surprise. I was not sure I would have the opportunity to rise in my spot tonight and speak on behalf of the people of Timiskaming in support of this legislation, which will finally bring an end to extra billing in Ontario.

Each side of this issue has stated that this is an issue of principle. The doctors say the issue involves the principle of professional freedom, and the government says this bill addresses the principle of universal access to quality health care regardless of a person's income.

Let me first address the issue of extra billing by quoting from the Hall commission report, which was tabled in September 1980. This is the only quote I am going to read tonight, unlike the previous member, who quoted almost verbatim from this report. However, I also thank the legislative library service for producing this very worthy piece of research.

Mr. Wildman: It was not the member's own research?

Mr. Ramsay: I do not think so. To quote the Hall commission:

"The practice of extra billing is inequitable. Not only does it deny access by the poor, but it also taxes sick persons, who besides paying premiums are already paying the major cost of the system through their taxes. Provinces have the power to outlaw extra billing and should do so."

I asked myself why this was a problem at this time, when the Canada Health Act was passed a few years ago and was given royal assent in April 1984 in the federal Parliament. That legislation

gave a deadline to provinces to put an end to the practice of extra billing or face the penalty of losing transfer payments in an amount equal to the amount that was extra billed in that province. I asked myself, "Why is this a problem at all?" It is a problem because extra billing should never have been allowed in the first place.

The principle of universality has been compromised for too long and we have allowed it to develop into a two-tiered system, a system that today still favours the affluent over the poor. The doctors say that no one is denied health care and that if a patient cannot afford it, all he has to do is ask the doctor to reduce the bill. Ask, beg or confess that, for whatever reason, one as an individual does not have sufficient funds to pay for health care? Today we feel that health care is a basic right for everybody and it should not be delivered on the basis of one's ability to earn money in this society.

9:30 p.m.

I do not want my constituents to have to beg to a doctor for a reduction in the fee. I want my constituents to be able to be referred to any doctor in this province and feel they have just as much right as anyone else in the province to the service that doctor provides; that no matter what their earning capacity may be, they have earned the right of access to that service by virtue of being citizens of this great province of ours and not because they are affluent.

I had a case in my riding that I brought to the minister a few months ago. It is a prime example of the situation that exists. It is unfortunate the medical profession has characters like the doctor involved in this case. The charge is not only more than the rate of the Ontario health insurance plan, it is way more than the rate of the Ontario Medical Association.

The OHIP fee for the operation in question is \$1,700. I can only guess that the OMA rate is somewhere around \$2,300 or \$2,400. However, the doctor's bill was \$3,000. That left \$1,300 for my constituent to pay. I feel that is wrong.

This is what the legislation we are talking about tonight is going to rectify. Let us look at the principle the doctors are citing: the right of professional independence and freedom from government in dealing with patients. They feel this will lead to total dependence upon the government for their remuneration.

Doctors are living in a dream world when they speak like this. Are they forgetting they are also citizens of our land who, like all of us, have moral and social obligations as well as professional considerations? Do doctors not realize

that, because of the necessity of the services they provide, the delivery of health care is a societal issue?

Like education, it is society that decides how essential services will be dispensed. Because of the essential nature of health care and because doctors have a monopoly in providing it, government has a right to be involved and to determine the availability, terms and conditions of that service.

However, we have a problem. What do we as government do to work with our physicians so they can progress and prosper in their profession? The problem is the image some doctors have of their profession; that of a professional relationship that provides a service for a fee in the marketplace, with the patient defined as a consumer of that service.

However, this is not the reality of health care in Canada in 1986. It seems that only in Ontario has the medical association been blind to this and refused to meet with the Minister of Health. The OMA should be concentrating on the real issue here: how much its members should be paid under our public health insurance scheme.

It should surely not be beyond the negotiating skills of the minister or the OMA to reach an accommodation that will recognize a physician's education, training, experience and skill, as well as those with exceptional abilities.

We have much to talk about. Let us get this legislation to committee so we all have a chance to discuss it. As legislators, let us be open to discussion. I say to the physicians of this province: "Bring forth your concerns and ideas because, as legislators, we need your help and advice. Now is the time for dialogue, not the rhetoric we have been hearing in the last few days. Bring your ideas and advice. Give us this help so together we can preserve the best health care system in the world, which I think we have."

Mr. Henderson: I and many of my physician colleagues have long been concerned about abuses in the practice of so-called extra billing by a few physicians in Ontario.

I commend the leadership and determination of the Premier (Mr. Peterson) and the Minister of Health in their vigorous pursuit of a solution to this problem. I believe their reaction to the abuses of extra billing is understandable and I am not unsympathetic to the spirit and principle of the course the minister has chosen.

Yet I fear Bill 94, the Health Care Accessibility Act, is not a good solution to this problem. I rise this evening to differ from my colleagues' view, not so much about the principle, the intent

and perhaps in some sense the goals of this legislation, but about the timing and the specific proposals for attempting to achieve those goals.

Perhaps there are things about health care that can best be said by a private member on a matter of personal conscience. I therefore rise to speak against the measures of this bill.

Liberal candidates in May 1985, and I was one of them, campaigned on the promise of negotiations with the OMA to take action on extra billing. As a physician-candidate long troubled by the abuses of extra billing, I did not have difficulty standing on our party's platform. However, to me one of the operative words in our promise was, and is, "negotiate."

The problem with extra billing, in my opinion, is that some patients may not be able to obtain treatment services in certain areas and in certain fields of practice except from practitioners who extra bill substantially. Some physicians have shared my concern about this and some were pleased with, though wary of, a government that promised the situation would be addressed.

Accordingly, before the election call last year, I prepared some notes outlining some possible approaches to the problem of extra billing that I felt might contribute to a solution that would largely satisfy my party and my future political colleagues, yet would allow physicians the sense of professional freedom and autonomy I believe to be vital to their capacity to do good work.

Shortly after my election, I circulated a think-piece to my caucus colleagues outlining in a similar way some ideas for a proposed middle ground in a potential impasse between government and physicians. I believed then, and still do, that the problems of extra billing could be solved. I looked forward to participating in the solution. My optimism rested on a firm foundation of clinical experience, for I am no newcomer to health care and to the health care system.

I have well-developed clinical principles and a well-developed clinical conscience. I have worked in general family practice and in specialty practice. I have practised in a community general hospital, an academic teaching hospital, three government hospitals, a university clinic and a university clinical institute. I have been in private practice in two different cities. I have published widely and my contributions have been cited, noted and to a degree honoured on six continents. I have even been a medical missionary.

I have known and appreciated the challenges and problems of practice and creative work in all those fields of endeavour. I know the problems of

practitioners and I know how those problems impede good work.

I believe I know what succeeds and what does not succeed, and I believe I know the difference between succeeding and appearing to succeed in each of those settings. Perhaps in one way that is the heart of the issue, for appearances, which matter very much in politics and government, are treated by clinicians as but surfaces to be probed for underlying truths.

Furthermore, I have training and qualification in public health administration, medical economics, international health and medical care delivery from Johns Hopkins University. I believe I know whereof I speak. Without wishing to sound immodest, I believe I am about as qualified as most people in Canada to know what does and what does not succeed in health care services delivery.

While I am a newer member of this Legislature, I have a very well-developed clinical conscience, a very well-trained social awareness, and I believe that since last May I have a mandate, indeed an obligation, to speak in a way that can be heard on matters crucial to the health care of the people of Ontario.

9:40 p.m.

Doctors may not be a popular group in society these days. Fortunately, that is not the issue. What is at issue is the health care of Ontario and the democratic right of two people to negotiate a simple, contractual agreement with each other, perhaps with certain safeguards provided by the state to guard against monopolistic fee-setting, but essentially at arm's length from the state.

Those who seek to weaken the substance or the impact of my remarks this evening may say that I am arguing a physician's point of view and defending my medical colleagues. That is not the case. Some members will recall that only a few days ago, in discussing in committee the 1984 report of the Workers' Compensation Board, I was quite critical of the role of physicians. I do not hesitate and will not in the future hesitate to be critical of my medical colleagues when that criticism is warranted.

Tonight, however, I am defending the people of Ontario from the threat of a weakening of the health care system. I am arguing a people point of view because I believe in their good health and their right to pursue a creative lifestyle of their own choice with vigour and energy. I believe in their health and wellbeing.

I am also arguing for democracy and freedom. I am arguing that it is not advisable for the state in peacetime to conscript physicians or any other

group in society and compromise their democratic freedoms and circumstances, other than in a temporary state emergency.

The apparent permanent civil conscription of virtually an entire profession in peacetime is a serious and disturbing matter. I feel conscience-bound to oppose it. I believe such a step to be unwise and I would argue that point just as vigorously for any other group as I would argue it for physicians. This bill proposes to compromise the right of two citizens to negotiate a simple contract with each other. I cannot favour that.

To me, personal liberty is not just a slogan. I speak of personal liberty because it means a great deal to me. As a practising physician and counsellor, I devoted myself to helping people liberate themselves from a tyranny of neurotic conflict and suffering from within. I cannot, therefore, support legislative measures that compromise personal liberty from without. To me, freedom is not negotiable.

I am a Liberal because I believe in individuals, but I am also a professional who believes in professionalism. One cannot improve the health care system by seeming to alienate and demean the professionals that one relies on to provide the services and the leadership that help make the system work.

Let us think about that. Do we really want the practice of medicine to become a state monopoly? Let us think about what we know about state monopolies on this continent and elsewhere, how they work and how they do not work. Is that the kind of family doctor that one wants to have? Is that the kind of surgeon or anaesthetist one wants to have? Does one want his or her physician to be a man or woman who feels alienated, angry, constricted, legislated, regulated and stifled? I hope one does not.

I defend the right of any citizen or group to freedom from conscriptive state control, whether it be physicians who want to be free to practise their art, smelter workers who want a safer, more hospitable work place, machinists who want to fight for a fairer wage, or workers who simply want to bargain and negotiate in good faith with an employer who is willing to bargain with a sense of openness and fair play.

Management could hardly sit down to negotiate with a union and say: "We are going to negotiate you a three per cent raise this year. As soon as you agree, we will start negotiating the means by which we will bring it about." If the union says, "No way," the company could hardly say: "See, they would not negotiate. We were willing; they were not."

That is not my idea of negotiation in the context of freedom and democracy. I hope I am defending the democratic right of citizens. I am not defending doctors. I am a legislator and a Liberal who happens to know the health care system at first hand and very well, not a physician who happens to be in politics.

However, I am very worried. There has been a breakdown of dialogue between physicians and government which bodes ill, in my view, for the health care of Ontario. The relatively complete failure of government and the Ontario Medical Association so far to find a basis for discussion on matters of mutual concern, including extra billing, exemplifies that breakdown of dialogue. Each side blames the other. Surely the prescription for that breakdown is renewed efforts towards dialogue, not severe legislation. I campaigned on a platform of negotiation with the physicians of Ontario, not on a platform of their conscription.

I am worried about unconscious bias and attitude in the shaping of this legislation. Lawyers are prominent in the Ministry of the Attorney General. Educators are prominent in the Ministry of Education. Men and women with business experience are prominent, I am sure, in the Ministry of Industry, Trade and Technology. Yet physicians who represent the mainstream of clinical experience and wisdom are, one suspects, often not close to the drafting of policy and legislation to do with the health care of Ontario.

Paradoxically, physicians are sometimes viewed as having a conflict of interest in matters of health care, but they are primarily highly trained experts to whom we should listen very carefully. These problems do not originate by any means with this government. They are inherited problems. They have evolved in Ontario over several decades, yet they are being perpetuated, I believe, in the measures of the Health Care Accessibility Act, Bill 94.

There will be those in this Legislature and outside who may try to use my remarks this evening to criticize and embarrass the Premier and the Minister of Health. They have no support from me in so doing. I am a proud Liberal and a happy member of the Liberal caucus. I believe I speak as a committed Liberal in reflecting a point of view this evening that is in the mainstream of the Liberal way of flexibility, compromise and negotiation. Indeed, that is precisely what I am calling for.

I believe the Premier and the Minister of Health are sensitive men offering excellent leadership to our province. The popularity of this

new government attests to their vigour and their courage in government. I do not differ with them on a matter of principle. I differ with the specific measures of this legislation and with its timing. As an experienced clinician, I feel conscience-bound to recommend a different course. Here are my views:

1. I do not propose to lobby for physicians. The only valid yardstick by which to measure the wisdom of health policy and legislation is the criterion of what is best for the people of Ontario. However, though health care is a political issue, we overlook at our peril that it is also and primarily a clinical issue by which people will live or die.

2. I do not wish to defend so-called extra billing. Excellence in helping service rests on the wish of men and women to be their brothers' and sisters' keepers. It is an important milestone in human civilization that access to first-rate medical care has become a right, not a privilege. Extra billing, as presently practised, may threaten equality and accessibility, although, to be fair, physicians' services are already more equal and more accessible than virtually any other area of professional endeavour.

9:50 p.m.

3. The billing practices of physicians are imperfect; so are the billing practices of lawyers, dentists, architects, psychologists and practitioners of many or most other areas of professional endeavour. Still, improvements in the billing practices of physicians are required, and we should try to achieve that without compromising excellence of service.

4. Medical practice rests on a historical tradition, thousands of years old, of physicians dealing directly with patients at arm's length from politicians and government. The proposed Health Care Accessibility Act, in my view, substantially alters that historical tradition. I fear it does so with too little real dialogue, consultation or negotiation with physicians representing the mainstream of seasoned clinical endeavour.

5. Rarely in the history of democracy, in my view, has any legitimate profession been so curtailed by the state in its freedom to negotiate a simple contractual agreement with a client. Insurers, even government insurers, rarely try to dictate the value of goods or services. Rather, they spell out the amount of coverage.

6. Should this bill become law, I can think of no other profession that will have its fees so much set by government, no other profession that will be forbidden by the state from negotiating a simple contractual arrangement with a client, no

other insurance that will try to arbitrate the value of goods or services and no other professional who can be fined \$10,000 for charging a few dollars more than the insurance rate for a service.

I feel it is not advisable to regulate, control and perhaps demean the providers of life-and-death clinical services to that degree. The measures and the timing of the Health Care Accessibility Act are, in my view, excessive and ill-advised.

7. The Health Care Accessibility Act, with its \$10,000 fines and other severe measures, will have the effect, perhaps not fully intended, of placing physicians and other clinical services under the rather direct control of politicians and government, in effect conscripting them to the state.

8. Experiments in other jurisdictions whereby physicians have in effect become employees of the state have not fostered first-rate clinical care. When all the doctors in a particular society are controlled and accountable to the state, they are not able to do their best work. Do we want our children to get medical treatment from a state monopoly?

9. As a politician, I know the pressures my colleagues and I face to provide short-term, easy solutions to complex matters. I know of our vulnerability to rapidly changing social forces. I know of our tendency to plan on a time frame of one electoral term. Yet in clinical work the price of ill-advised innovation or policy change can often be patient deaths, sometimes on a very large scale.

10. Clinical care and the economic and social issues surrounding clinical care are complex. It is not advisable for all physicians to be directly accountable to politicians vulnerable to periodic renewal or withdrawal of their electoral mandate. Rather, there should be a co-operative partnership.

11. Perhaps physicians, like the judiciary, should retain an arm's-length relationship with politicians and government. That may be especially so because physicians, unlike the judiciary, serve not the state but individuals and families. Physicians should, accordingly, retain a large measure of accountability to the individuals and families they serve, with suitable safeguards provided by the state. An arrangement whereby all the physicians in a society report to government is ill advised.

12. With the recent emergence of third-party payment in the funding of clinical services, there is need for a review of the whole relationship between physicians and government. Failing such a review, there is danger that the medical

treatment component of the health care system, where methods and programs may be life-and-death matters that must stand the test of time, may become subject to short-term shifts in political fashionability that would endanger clinical continuity and safety.

13. These considerations have not, in my view, been adequately addressed. The Health Care Accessibility Act proposes to alter fundamentally a system that has stood the test of time for thousands of years and that has fostered development of a health care system which is, though imperfect, perhaps the finest and fairest in the world. Compare health care with legal services, where justice is sometimes a luxury affordable to the rich. Of course, improvements in health care funding may be required, but the Health Care Accessibility Act in its present form is excessive and ill-advised.

14. The Ontario Medical Association states that it has long taken the position that there are many problems in the health care system needing to be addressed. It wishes to negotiate about all of them. Extra billing can be on the list. Perhaps we could respond to its willingness and negotiate in earnest with Ontario's physicians, respecting their traditions and expertise and treating physicians as partners in the delivery of health care services.

Physicians have real concerns and real fears about the health care of Ontarians. We should try harder to appreciate their views. It is not good enough in a democracy to say to a group of respected and highly trained professionals, or for that matter to any group: "No. We will negotiate only the means by which we now propose to achieve your compliance with our view. Other matters will have to wait. Your view is not legitimate."

15. Such a stance by any name is not negotiation. A labour union would not tolerate being treated in an analogous way. How could a government say, "We want to negotiate, but our position is non-negotiable"?

16. It is not advisable to give the matter of extra billing sole billing in the scenario of problems in the health care system and to try to deal with it out of context. There are many problems in the health care system of equal importance. Selective inattention is not in the long term a safe or useful response to a complex set of problems. Clinicians know that. They forget it at their peril.

17. There has been a serious and almost total breakdown of dialogue between physicians and government. Each side blames the other. I

believe the health care of Ontarians will suffer as a result of that breakdown of communication. This impasse calls for discussion, not legislation.

18. Before we rewrite a 5,000-year-old, doctor-patient tradition, we should have more discussion. This is not a situation where two equally interested parties are discussing how to solve a problem. Rather, by the measures of this bill, one group of people in society tells another to change the way it and its colleagues have earned their living for 5,000 years.

Some honourable members objected to my use of the word "draconian" last week to describe the measures of this bill. They should pick their own words. I feel rather strongly about it.

19. Liberal candidates in the May 1985 election wisely and rightly promised to negotiate with physicians. Let the negotiations begin.

That is the end of my numbered points.

10 p.m.

A few weeks ago I hosted a television panel on extra billing with panellists who included Dr. Ted Boadway, one of the Ontario Medical Association executive staff and the executive director of the Ontario Health Coalition, a group firmly opposed to extra billing. We began with totally divergent viewpoints. After an initial 10 minutes of sparring, we got down to serious discussion. By the end of the show, we had several distinct areas of agreement and a feeling among the panellists that compromise was possible and that we were well on the road towards some degree of rapprochement. We tried to approach the problem of extra billing as soluble in a mutually satisfactory way. I wish the government and the Ontario Medical Association could do the same.

I believe the point of view I state is very sensible, wise and Liberal. It may be that the right of a few professionals and citizens to negotiate a simple contract with each other on terms not dictated by the state is a useful safeguard in the health care system of a democracy. That point of view at least deserves our very careful attention.

I think about the birth of our first child in 1978: a series of prenatal visits, a confinement, a troubled labour, an expert diagnosis, decisive action, a painless caesarean birth of a delightful and deeply cherished baby boy and a postnatal visit, all from a world-class specialist in a world-class Toronto hospital.

I remember a total bill of \$250 for the whole pregnancy, delivery, caesarean section and postnatal visit from that doctor, who trained for 12 to 14 years before he saw a decent income.

That was the OHIP rate from a practitioner who chose at that stage of his career to be opted in. That was his entire fee.

What a bargain. What a system. What a doctor. What expertise and quality of care. What price can anyone put on what he did for us? Being a doctor myself, I know the kind of outcome we might have had were it not for his skill, dedication, expertise and freedom to be and become what he is. What price can anyone put on that? If his bill had been \$10,000 or \$20,000, it would still have felt like a bargain to me.

Ironically, about the same time, I had to have a nonmedical professional consultant look over a one-and-a-half-page, plain-English letter of agreement with somebody. He made some minor changes in phraseology that seemed as though they might have taken five minutes in front of a Dictaphone and he billed me \$250.

All of us, myself included, have had to struggle with the results of polls on extra billing. However, I have reminded myself that when people answer a pollster, they answer off the cuff, often on whim, off the top of their heads, so to speak. Given a choice between paying a little more or not, few people, as a first response, wish to pay more.

Perhaps when they think about it, things look a little different to them. When people do that, they may consider the quality of care and then say, "Let us err on the side of excellence, of safety in patient care." They know about the almost 90 per cent of doctors who are opted in now, in a free, democratic society where they can make a choice. They may know about the 95 or 96 per cent of patient visits that are billed directly to OHIP now at OHIP rates.

I believe we can improve those figures, but let us remember what kind of care occurs in the National Health Service of a mother state. Let us remember the black-marketing temptations, the under-the-table traffic and the so-called gift offers towards doctors from patients who want good care in some socialist states. We have the finest health care in the world, and we have it at fair rates—at bargain-basement rates by comparison with many American cities.

Much has been made of the Canada Health Act, by which, if that legislation is found to be constitutional, our federal government can and does withhold transfer payments from provinces that do not prohibit so-called extra billing. Frankly, I object to that. For one thing, the constitutionality of the Canada Health Act is not yet assured. For another, health is a provincial matter. The Ontario government is more than

entitled—indeed, it is obligated—to argue a point of view on behalf of the health care of Ontario. As for the withheld transfer payments, we should insist on receiving now the funding that is rightfully ours for the health care of the people of Ontario.

I doubt the people of Ontario care very much whether health care in Ontario is funded directly from the revenues and coffers of Ontario or from a combination of federal and provincial funding; it all comes from the pockets of the same taxpayers. If the province has to fund it entirely, the people of Ontario will expect a commensurate downward adjustment in their federal taxation. What federal government can afford to ignore the fiscal rights of Ontarians?

Let us not try to save another buck on health care. Let us save it somewhere else. I believe in the right of Ontarians to world-class, state-of-the-art health care. I believe in equality, universality, comprehensiveness and assured access. We almost have that now in health care in Ontario. We have excellence as well.

Let us improve what we have by negotiating with physicians. Physicians do have something worth while to say about the health care system in Ontario. Physicians have a clinical conscience, but they also have a social conscience, as witnessed by the outstanding work of Drs. Chazov and Lown and the many members of Physicians for Social Responsibility, recent recipients of the Nobel peace prize.

Let us address this problem of extra billing because it is a problem sometimes, in some places and in some fields. Let us address that problem decisively and with vigour, but let us not wreck our health care system in the process. Let us fine-tune a world-class system and make it better. Medical treatment is too important, too life-or-death, too critical for solutions that reject the mainstream of seasoned professional input.

Sometimes the state can say to the people: "Wait a minute. Have you really thought about this? Have you really thought it through?" Sometimes the people can say to the state: "Wait a minute. That is not the kind of state we want to have. We want to have an open, liberal, flexible, democratic state where problems are resolved by negotiation, reason, maybe compromise, and certainly mutual understanding and respect."

I praise and commend the leadership and the determination of the Premier and the Minister of Health. I know their commitment to the health care of the people of Ontario. However, I speak against the measures and the timing of this bill, and I recommend their reconsideration of it.

I hope that we, as a party and as a government, are strong enough to accommodate creative divergence on matters of personal conscience and social policy, which are crucial to the health of more than eight million Ontarians. I hope we are strong enough to be flexible and compromise.

However, even if changes do not occur, perhaps for me to be the object of a little confrontation among my colleagues will be a reasonable price to pay for a chance at forestalling a major confrontation in the health care system of Ontarians.

10:10 p.m.

If psychology teaches us nothing else in politics, it teaches us that no group in society is likely to contribute to its fullest if it feels its collective needs, feelings, views and expertise to be unattended or ignored. Such a course is a certain formula for rage and a probable formula for inhibition and paralysis. Perhaps there are rare occasions in government when we have to make that choice and pay that price. This is not one of those times. We need the good work of doctors, and angry doctors do not do good work.

Not surprisingly, I have been asked rather often these days to suggest exactly how I would approach the problem of extra billing; so I am going to do that. I offer a principle and a suggested step. The principle is that those with power use the least amount of power necessary to solve a problem. I fervently endorse that principle because it is both humane and good politics. It is humane because none of us, I hope, likes to ride roughshod over the freedoms of others. We should spare no effort to take any problem as far down the road to solution as we possibly can by discussion, negotiation and agreement, not by legislation.

We see how effectively this Legislature works because we have minorities and we have an accord with some of the opposition, rather than a subjugation of the opposition to the force of a voting majority. Minority government works because no one has enough power to enforce his will. We have to co-operate, and many people feel the Legislature works a lot better that way.

The same principle applies to the relationship of government with a profession or with any other group. Accords work better than power. It is good politics to use as little power as possible because no government, whatever its immediate popularity, does well by alienating any group in society or any sector of the electorate more than is absolutely necessary to achieve some goal of social justice. It is good politics to make many

friends and few enemies, to restrain the use of power.

That is the principle: Use as little power as one absolutely must to solve the problem and go as far as one possibly can by discussion, negotiation and agreement.

This is my suggested step. Let us sit down right now with the Ontario Medical Association and negotiate as much as we possibly can agree together to do to solve the problem of extra billing. The OMA knows the problems and abuses, and I think it is willing to address them and might be willing to take action.

These negotiations can be tough and the bargaining can be hard, but let us see what we can agree to achieve by working together. Let us do that, do it now and agree together to changes in policy, regulations or even legislation. After that, let us sit down and decide how serious a problem still remains. After we have gone as far as we possibly can down the road to negotiation and compromise, perhaps then it may be necessary to go a little further by the power of legislation.

The former Prime Minister of Canada, Pierre Trudeau, once campaigned on the issue that he would negotiate with the provinces to patriate the Canadian Constitution and that if the negotiations failed, he would do it with the people over the heads of the provinces. He campaigned on that promise. Ultimately, that was how he had to proceed, but many years of attempts to reach negotiated agreements preceded that final use of power.

Surely it is one thing to use power to shift the balance of power between federal and provincial jurisdictions and quite another to use power to legislate away the rights and freedoms of individual people, and individual people are what liberalism is all about.

I recommend this course. I even recommend it to my friends and colleagues in the New Democratic Party, because if we legislate and overpower physicians today, which group in society will follow, which group of workers, which group of civil servants, which union, let alone which profession? Who will be the next object of seeming conscriptive legislation?

In short, let government first sit down with doctors in Ontario and say: "Okay, we have a problem here. Let us talk about it and find a solution together." Let us not say: "We have a solution. Let us agree that you accept our solution and talk about the problem later." That is not negotiation where I come from.

Let doctors sit down with the government and say: "Okay, we understand where you are coming from on this. We see that problem. We will help find a solution." I believe I know and understand doctors. They say to me: "We know there is a problem with extra billing, and we will be happy to sit down and talk about the problem and about possible solutions. Just start with a clean table and a somewhat open mind. Do not ask us to negotiate when we feel under threat."

Perhaps I know and understand politicians too. They say the people demand action on the problem of extra billing and we have a duty to act. Some of them even say: "We were willing to negotiate with the OMA and they were not. That is a fact. It is that simple."

It is not that simple. I know something about communication professionally. A communicative breakdown is never that simple. Communication under pressure is always loaded with latent meaning, assumed meaning, unconscious meaning, double meaning, hidden meaning and latent agenda. Communication is complex.

That is not an opinion, because, to borrow the language of some of my colleagues, it is indeed a fact. To say that we were willing to negotiate and they were not is at best a huge oversimplification. Possibly it is dead wrong.

Some of my colleagues in government say an absolute ban on extra billing is a matter of principle and the principle is non-negotiable. In truth, however, the non-negotiable ban on extra billing is not a principle at all, but a chosen tactic or strategy for solving a particular problem as perceived by particular people. The OMA says: "Why not look at some other tactics and strategies too? There may be better ones."

However, the principle is that there are problems and abuses in the matter of extra billing which need to be addressed. I have no trouble at all with that principle and the OMA might well embrace it too, if we could persuade both sides to back away from positions that seem to threaten power and confrontation.

Surely, if both doctors and government are willing to negotiate, we can forget about who was or was not willing to negotiate before. Let us willingly get together now and do it.

The Premier is said to have said last week that he might phase in a solution to the problem of extra billing. That is a great idea. Phase 1 could be taking action right now on whatever steps we and the doctors can come to agree on to solve the problems and abuses which have developed around so-called extra billing.

Phase 2 could be deciding after that whether and how much of a problem still remains, and whether we have to use power—or, if one likes, legislation—to solve it.

Phase 3 could occur when we tell the federal government what we are going to do—notice that I said “tell,” not “ask”—and demand now our share of withheld transfer payments or else fair treatment for the taxpayers of Ontario.

10:20 p.m.

I believe the OMA would agree to the approach I have outlined. It is a fair beginning. I hope we as a government will seriously consider it.

The heart of the issue is whether physicians and government will be collaborators on health care, working and consulting together with reasonably good will to the benefit of all Ontarians, for quality health care will be very hard to preserve, whatever the equality and accessibility, if physicians feel coerced, legislated, alienated and offended.

Believe me, if Bill 94 becomes law, they will and their feelings will not go away in a few months. Surely the goodwill of the mainstream of medical practitioners is crucial to the satisfactory, let alone excellent, functioning of the health care system.

I am a loyal Liberal and a happy member of the Liberal caucus. My leader, the Premier, and the Minister of Health have shown great leadership in their demonstrated concern about extra billing and in their stated intent to negotiate a satisfactory solution. I am confident that, in the end, wisdom will prevail.

The Deputy Speaker: The member for Nipissing.

Mr. Harris: Thank you very much, Mr. Speaker.

[Applause]

Mr. Harris: Keep that up for six minutes. I am not quite ready.

I am not particularly pleased to rise and join in this debate, because I am not particularly pleased that this debate is taking place in the Legislature. I am not particularly pleased that this is the forum in which the government has chosen to deal with the matter of extra billing. I am particularly disappointed at the title of the legislation. I do not even have the official title in front of me—

Mr. Epp: If that is all that is bothering the member—

Mr. Harris: The government will change the title, will it, if that is all that is bothering me? The title is An Act regulating the Amounts that

Persons may charge for rendering Services that are Insured Services under the Health Insurance Act.

The claim of the minister that this is going to improve access disappoints me. I particularly agreed with most, if not all, of the comments by the member for Humber (Mr. Henderson), which I thought were put forward in a pretty straightforward and unbiased manner. He has echoed many concerns that many of my colleagues on this side of the House put forward in this debate; that surely this legislation is not the way to deal with a group of professionals in Ontario; that surely, in the words of the member for Humber, we should strive to use as little power as is necessary to achieve the objectives we strive to achieve on behalf of the people of Ontario.

I thought he put it very well when he described this legislation as being an excessive use of power. It is heavy-handed and threatening legislation. I share the concern about allowing this legislation to proceed in Ontario. It is not in isolation for one profession. Bills 54 and 55 legislate solutions to the difficulties the pharmacists are having with the Ministry of Health in arriving at reasonable compensation for the products they sell, prescriptions that are necessary to the health care system.

If it were the only example, some might say the government has a particular hangup about extra billing, that it is not the type of legislation we might expect to see in dealing with other groups but is an isolated example. Some might say it is part of an accord or agreement, or that for some principled reason the Liberal Party feels obligated to proceed whether or not it honestly feels that is the best solution. Some might say that for some reason or other in this case it feels compelled to proceed in this manner in dealing with the doctors of the province.

If it were only that, one might be able to sell that. It is not excuse enough, but one might be able to sell it.

However, it comes on the heels of draconian legislation dealing with pharmacists. What are pharmacists? What is the history of pharmacy in Ontario? I bring out that example because it involves the same minister, the same Premier and the same government, and it ought to give fear to all in Ontario, be they professional groups, small businessmen or any collection of people who do business in Ontario. It is not whether they do business with the government in Ontario; they just wish to do business in Ontario. I concur with others who have said that unions, that groups of workers ought to be very concerned.

With the first little problem that came up with pharmacists, and we concur it was a problem, immediately heavy-handed legislation was introduced in the Legislature. We have what is admittedly a small problem in what has universally been acclaimed as probably the best health care system in the world; it is one of the best in the world. We again have this type of legislation.

I would like to speak at some length about why I feel this legislation is inappropriate at this time. As it is 10:30 p.m. and we have another performance to proceed with this evening, I will move we adjourn the debate.

On motion by Mr. Harris, the debate was adjourned.

The Deputy Speaker: In accordance with our announcement this afternoon, I deem a motion to adjourn to have been made, and will call the order of business as announced earlier.

10:30 p.m.

SPRAY PROGRAM

The Deputy Speaker: Pursuant to standing order 28, the member for Nickel Belt (Mr. Laughren) has given notice of dissatisfaction with the answer to a question given by the Minister of Northern Development and Mines (Mr. Fontaine). The member has up to five minutes to debate the matter and the minister may reply for up to five minutes.

Mr. Laughren: The reason I wanted to engage in this debate is that I was truly dissatisfied with the way in which the question I asked was handled by the Minister of Northern Development and Mines. I might just as easily have said I was dissatisfied with the answer by the Minister of the Environment (Mr. Bradley) too, but at least the Minister of the Environment made an attempt to answer; the Minister of Northern Development and Mines did not.

I happen to believe the Minister of Northern Development and Mines has an obligation to speak up on this particular issue, namely, the spraying of northern Ontario's forests. The Minister of Natural Resources (Mr. Kerrio) and his entire ministry have already taken a very pro-chemical-spraying stance. He said he intended to spray up to 30 per cent in chemicals. I feel very strongly and my party feels strongly that that is a wrong decision and that no chemical should be used. If any chemical is used at all, it should be the biological spray bacillus thuringiensis.

The promotional booklets put out by the Ministry of Natural Resources are basically a selling job for chemical sprays and for spraying on the whole. The fact sheets put out concerning

the chemicals are, in my view, completely misleading. I will explain very briefly why. So far all the proposals in the various districts of the province have called for some use of chemicals.

It is my position that the chemical sprays are not needed and that they do not work. There are dozens of valid studies which question the safety of the chemicals being proposed. As well, the Ministry of Natural Resources is not giving residents, particularly those of northern Ontario, an opportunity to make their voices heard in a fair way, because they are not being presented with unbiased facts.

We know that the budworm egg count is down dramatically all across the province this year, and last year only Bt was used in the spraying program.

Mr. Harris: Very successfully.

Mr. Laughren: Very successfully used. The ministry used a figure of a success rate of 80 per cent for Bt last year. I am particularly concerned about the fact sheets put out on the chemicals. For example, in talking about fenitrothion, they used such expressions as, "No lethal effects have been detected on soil organisms, plant foliage, etc." I do not think that is the only way one judges whether it is completely lethal. They state that fenitrothion is not stored in the body tissues, not associated with Reye's syndrome. There are a couple of studies that indicate it is. This is what I find so misleading and offensive.

The resource sheet says, "Aminocarb has been the major chemical used for spruce budworm control in Ontario since 1976. In 1984 Aminocarb was used for budworm control in Newfoundland, New Brunswick, Quebec, Ontario and the state of Maine." What this sheet does not say is that both Maine and Quebec announced last year that they would no longer use this chemical. The ministry has deliberately selected the year before these two jurisdictions announced they would not be using it.

When discussing the fact sheet on Bt, the biological spray, there is a section on this fact sheet entitled, "Why do we not always use Bt?" There is nothing on the other sheets for the chemicals that asks why do we not use this chemical or why should we not use that chemical. Only on Bt does it say, "Why do we not always use Bt?"

It is clearly an attempt to head off any attempts by people who are concerned about the use of chemicals and to allay their concerns. I do not believe it is the role of the Ministry of Natural Resources to lay before the public, particularly in northern Ontario, biased information to lead

them down the path of pro-chemical spraying. I think that is grossly misleading, unfair and insults the intelligence of people all across the province.

Hon. Mr. Fontaine: First, I want to remind my friend that I am not the Minister of Natural Resources. I am the Minister of Northern Development and Mines. Everything he has just told me should have been asked of the Minister of Natural Resources.

He has a few more open houses to do. After

that, I will make my own decision with cabinet. That is my answer to my honourable friend.

Mr. Harris: What we want to know is, what is your position on the use of chemicals?

Hon. Mr. Fontaine: That is my business. I do not have to discuss this with the member. I will discuss it in cabinet, and that is it.

The Deputy Speaker: Order. The member for Nipissing (Mr. Harris) is not in his seat and should not be interrupting.

The House adjourned at 10:36 p.m.

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Legislative Assembly of Ontario

First Session, 33rd Parliament

Thursday, January 30, 1986

Afternoon Sitting

Speaker: Honourable H. A. Edighoffer

Clerk of the House: R. G. Lewis, QC



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LEGISLATIVE ASSEMBLY OF ONTARIO

Thursday, January 30, 1986

The House met at 2 p.m.

Prayers.

VISITOR

Mr. Morin: Mr. Speaker, with your permission, I wish to recognize Stephanie Duern, who is sitting in the members' gallery. Stephanie is a young resident of Gloucester who is visiting the House today as part of her prize for having won an essay contest on why anyone would want to be a member of Parliament. No doubt this is a question we have all asked ourselves.

Mr. Grossman: I had a chance to meet Stephanie this morning. I thought I would be late for question period while I tried to think of an answer to her question. I posed her the even more difficult question of why someone would want to be Leader of the Opposition.

MEMBER'S ANNIVERSARY

Mr. Grossman: Just before we begin statements and routine proceedings this afternoon, I want to acknowledge what is, not only for those of us in this party but for all members of the House, a special day for one of our most loved and liked colleagues, the member for Elgin (Mr. McNeil). Today marks our colleague's 28th anniversary as a member of the assembly.

He was first elected to the House in a by-election in the riding of Elgin in 1958. I was in public school at the time. He was subsequently re-elected in the elections of 1959, 1963, 1967, 1971, 1975, 1977, 1981 and 1985. Some were easier than others.

I would also like to remind the House that our colleague is a graduate of the Ontario Agricultural College. He was warden of Elgin county in 1952. Before being elected here, he was very active in municipal politics.

As leader of a party, I can tell members of the House that the most mail a leader of the Conservative Party must sign is that which the member for Elgin sends out to his constituents. I have reflected during the past couple of weeks that every constituent of the honourable member seems to celebrate a 50th anniversary every year. It is remarkable.

I also want to say that newer members of the House—people such as the Premier (Mr. Peter-

son) and myself, who have been here for only 10 years, after all—have learned many of the stories of the good old days in the assembly, as it were, the way things were here in the 1950s and 1960s, from the member for Elgin. I heard some stories from the member which my father neglected to tell me and which I will neglect to tell my children.

He is one of the real grass-roots Ontarians in this assembly, and if Ontario and Canada ever had a Will Rogers of their own, I would want to nominate the member for Elgin as our Will Rogers.

I ask all members to join me in commemorating this 28th anniversary of the member.

Hon. Mr. Peterson: Before we allow the honourable member to rise in his place and answer the question posed by this young lady some time ago as to why anyone would want to be a member of Parliament, particularly for 28 years, let me join with the Leader of the Opposition (Mr. Grossman) in paying tribute to one of our esteemed colleagues.

The Leader of the Opposition pointed out some of his background, but not all the stories we have heard by way of rumour about him and some of his cohort over the years. I assure him it is not my intention to give away any of those stories today. I will not tell his children if he does not tell mine. Some of the rumours would cast serious discredit on the business we are all engaged in.

There is a rumour that in his youth the member opposite was president of the Ontario Young Liberals in Elgin county. Some would say his conversion 28 years ago is a sign of maturation; others would say it is a sign of senility. I do not have the answer to that question today.

The member has the affection of each one of us. He has taught us all that partisanship must be kept in its place in this House and that it should never get in the way of friendship, congeniality and mutual respect.

He has also learned the art of survival in politics. It is no secret the member has recently taken a bride. We are all delighted for his new-found happiness, but he has shown us that the only way to survive in this business and in marriage is to hold back in the weeds a little bit

and hear these things out before one gets too committed. If the member could put up with the likes of us for 28 years, he should be pretty easy to get along with by now, for him and his new bride.

He has added a great deal, he has kept his sanity and sense of humour and he has always been contributing along the way. It will be interesting to hear his reflections on 28 years in politics. It is like breaking into television with Lawrence Welk and surviving right through to Miami Vice. He has seen a great number of changes, leaders, opposition leaders and members of this House, but his perspective on those issues that he brings to the legislative chamber and to his friendships is always one filled with decency, compassion and giving.

On behalf of my colleagues, I join with the Leader of the Opposition and the leader of the New Democratic Party to pay tribute to one of our own, a great friend of all of us and a great public servant. Congratulations for surviving 28 years.

2:10 p.m.

Mr. Rae: As one of the relatively new arrivals in this assembly, I join in this spirit of camaraderie. It does not come every day of the week and it is nice to be able to see it happening. We in our party join him in celebrating the halfway point in his political career in this House.

We look forward to the next 28 years for the same kind of spirit of enthusiasm that I am sure was the case in 1958 when his career started here. I join everyone here in wishing you well, Ronnie—if I may be permitted, Mr. Speaker, this brief shift away from the rules of the House—and in saying how much I have enjoyed working with you. We all appreciate the work you have done and look forward to your having another three decades of achievement in the Ontario Legislature.

Mr. McNeil: First, Mr. Speaker, I guess I should tell you I am standing.

I want to take this opportunity to thank all honourable members for their kindness today on the occasion of my 28th anniversary as a member of the Ontario Legislature.

I suppose today is a day of bad news and good news. The bad news is that I have been around here for 28 years. I might say to the leader of the New Democratic Party that I do not intend to be around for another 28. I do not expect to last that long.

I have had the opportunity of serving under five Premiers, four Conservative and one Liber-

al. I have also had the opportunity of serving with the fathers of three present members: the House leader of the Liberal Party, the member for Brant-Oxford-Norfolk (Mr. Nixon); the leader of the Conservative opposition, the member for St. Andrew-St. Patrick (Mr. Grossman), and the member for Cornwall (Mr. Guindon). Their fathers were here when I arrived in 1958.

That was a very interesting session. About the second or third day, I was sitting in my seat in the House. Having been an active farmer, I was used to eating a heavy meal at noon. I found the debate rather dull. I received a note that said, "If you are going to sleep, you may be doing your sleeping at home after the next election." It was signed "A voter." I woke up in an awful hurry. I found out two days later that the author of the note was none other than Allan Grossman.

Members might be interested to know that we had a by-election on January 30, the session started on February 2, there was a federal election on March 31 and we were out of here, with the business completed, 10 days before the federal election. I can well recall the Leader of the Opposition of the day accusing the Premier, Mr. Frost, of ramming things through the Legislature. Mr. Frost's answer was always: "I am in no hurry to get out of here. I will be here anyway. You fellows will be able to leave when we are finished, but I will be here."

We sat some very long hours. All the estimates were discussed in the House and no committees sat while the House was sitting. We used to sit from three o'clock in the afternoon until six, and from eight until midnight or after.

I remember one time when the father of the present Treasurer (Mr. Nixon) was speaking. He was talking about the liquor laws of this province. The members might be interested in knowing that during the course of his speech the fire alarm system went off and we had to evacuate the building. I well remember Mr. Nixon saying it was one of the hottest speeches he ever made.

I am proud to be a member of the Ontario Legislature for the riding of Elgin. The riding came about in 1934 when there was a redistribution that lowered the number of seats in the Ontario Legislature. Our first member in 1934 was Mitchell Frederick Hepburn, who was Premier of this province for a number of years and was the member for Elgin from 1934 to 1945. He was succeeded by Fletcher Thomas, who was the member from 1945 to 1957 and who served as Minister of Public Works and Minister of Agriculture.

I well recall the first debate in the House. We had just concluded the 1957 election and Farquhar Oliver, who was the member for Grey, gave John Root, my friend's predecessor, a real raking over the coals for some of the activities in which he had been involved during the federal election. I thought: "Isn't this something? I don't know whether I am going to enjoy this place very much." I then decided I would leave for a break and there were Farquhar and John having a great discussion outside and laughing about it. I thought, "I guess that is the type of comradeship there is around this place."

I have enjoyed my years here. I have enjoyed my association with various members and with constituents. I thank the members for their friendship and look forward to continuing to work with them. I thank the members for their kind words; they are very much appreciated. It is unfortunate my wife is not here to hear them but I will be sure she gets a copy of Hansard.

STATEMENTS BY THE MINISTRY

CONFLICT OF INTEREST

Hon. Mr. Fontaine: I rise in response to a question asked in the House on Tuesday by the member for Leeds (Mr. Runciman) and directed to my colleague the Minister of Natural Resources (Mr. Kerrio). The question dealt partly with my involvement in Hearst Forest Management Inc., and I believe it appropriate that I respond.

Some time ago my legal counsel checked with Blenus Wright and he confirmed I had complied with the spirit and intent of the guidelines of the Premier (Mr. Peterson) respecting conflict of interest. I wish to further advise the House as follows:

1. Hearst Forest Management is a company that was formed as an equal partnership between United Sawmill Ltd. and Lacourt Lumber.

2. United Sawmill Ltd. is owned jointly by me and my wife, my sister and a third party. On December 23, 1985, I transferred all my shares of United Sawmill Ltd. into a frozen blind trust in accordance with the Premier's guidelines. My wife did the same on December 30, 1985. Our trustee is Canada Trust. Under the terms of the trust agreement, our family shares of United Sawmill Ltd. are now controlled entirely by Canada Trust and can be voted and managed without reference to me or my wife.

3. Other than the initial capital investment provided by United Sawmill and Lacourt Lumber, Hearst Forest Management has no assets. It has never issued any shares to either United

Sawmill Ltd. or Lacourt Lumber. It is operated as a partnership at the direction of the principals of United Sawmill Ltd. and Lacourt Lumber.

When Hearst Forest Management was organized, I, as a representative and principal of United Sawmill Ltd., was asked to serve on the board of directors of Hearst Forest Management. Since May 2, 1985, I have had no involvement in either United Sawmill or Hearst Forest Management. I have attended no meetings of the board of directors. I have not participated in any discussions regarding the business of Hearst Forest Management. In short, I have had no involvement in the company. As I have already stated, my only interest in Hearst Forest Management was through United Sawmill Ltd. and my shares of United Sawmill have already been placed in a frozen blind trust.

2:20 p.m.

My legal and accounting advisers in Hearst did not advise me of the need to resign from the boards of directors of Hearst Forest Management and United Sawmill. It was thought sufficient to meet the guidelines that I had placed all my financial interest in United Sawmill in a blind frozen trust and that I would not participate further in the business of United Sawmill or Hearst Forest Management.

I apologize for any confusion that may have been created on Tuesday. To make sure everything is completely in order, I have today executed my resignations from the boards of directors of Hearst Forest Management and United Sawmill, and my solicitors have forwarded these resignations to the respective companies. I expect that the companies' filings with the Ministry of Consumer and Commercial Relations will be amended shortly to reflect that fact.

ST. CLAIR RIVER

Hon. Mr. Bradley: I am pleased today to release the most recent report on the status of the St. Clair River pollution investigation.

The report was prepared by a joint task force of my ministry and Environment Canada. It gives information on the most recent puddles found in the cleaned area in front of the Dow complex. It further documents the pollution problems along the St. Clair and makes recommendations for additional remedial action.

After the discovery of small puddles of the tarry substance in the cleaned St. Clair River bed off the foot of Dow Chemical's First Street sewer, tests revealed that the material contained 60 per cent perchloroethylene and 30 per cent

carbon tetrachloride, as well as trace amounts of a number of other chlorinated organics.

Earlier tests of the original tarry substance in September and December revealed an average of 35 parts per billion dioxin and 101 parts per billion furans. The most toxic form of dioxin, 2,3,7,8 TCDD, was not detected.

The test results on the latest samples taken in January will be released as soon as they are completed.

Dow is investigating the source of the current puddles. It suspects the source may be the gravel directly under the First Street sewer. The joint ministries task force will continue to monitor this area, located within Dow's property, as well as searching out other possible sources.

Several chlorinated organics at levels exceeding aquatic life objectives were found in river water samples. For example, levels up to 370 times the standard for hexachlorobenzene were found in the vicinity of the township ditch and the Dow First Street sewer.

Elevated levels of the same contaminants have been found in young fish in some spots in the St. Clair River. Levels of hexachlorobenzene and octachlorostyrene have been found at 230 and 560 parts per billion respectively. Perchloroethylene has been found at levels up to 600 parts per billion. Polyaromatic hydrocarbons have been found in young fish at levels as high as 4.6 parts per billion. Nearly half of the PAHs found are known or suspected cancer-causing agents.

Furans were found at levels reaching 1,300 parts per trillion in young St. Clair River fish. My ministry officials also found similarly high levels of furans in fish at the river headwaters, suggesting sources other than the Chemical Valley companies. High levels of lead ranging up to four parts per million were found in young fish in the St. Clair River.

The young fish do not migrate as mature fish do. Living and feeding within a relatively small area, they are a good bio-indicator of contamination in a specific place and they sometimes suggest point sources. The findings confirm that my ministry, along with Environment Canada and the industries along the St. Clair River, must pursue the aggressive abatement policy I outlined in my statement to this House on December 12 last.

The levels of contaminants are lower in the larger fish consumed by people. Levels of hexachlorobenzene and octachlorostyrene in channel catfish and carp ranged from 10 parts per billion to 90 parts per billion in Lake St. Clair. Minute levels of dioxin 2,3,7,8 TCDD were

found in two species of fish collected in 1982. The mean levels were 0.6 parts per trillion for carp and 0.89 parts per trillion for channel catfish. These levels are below the Department of National Health and Welfare guidelines of 20 parts per trillion.

I have asked my ministry officials to analyse additional fish samples for the presence of this most toxic form of dioxin. I am not pleased with its presence at any level in Great Lakes fish and will take the appropriate action to determine its source and curtail it.

There have been no cracks found in the river bed leaking contaminated materials from underground sources. However, my ministry and Environment Canada did discover some leakage into the Canadian National tunnel from ground water.

Approximately 4,000 gallons per day of contaminated ground water is leaking into the tunnel in a 160-metre section on the Canadian side of the river. Detectable levels of phenols and polyaromatic hydrocarbons were found. The results suggest that industrial wastes may be contaminating the ground water around the CN tunnel on the Canadian side. Possible sources, including deep well disposal, continue to be investigated.

This report indicates that no dioxins were found in treated drinking water. The members will be aware from Tuesday's announcement that this information has been superseded by the most recent results showing that trace amounts of the much less toxic octadioxin were found in treated drinking water at Sarnia, Windsor, Wallaceburg and Mitchell's Bay.

Octadioxin, about 10,000 times less toxic than the 2,3,7,8-TCDD dioxin, is a common dioxin produced from the combustion of ordinary materials such as coal and wood.

The Department of National Health and Welfare toxicologists and the Ontario chief medical officer of health have both indicated that drinking water with these levels of octadioxins and octafurans meet our health-related guidelines. However, I plan to continue to monitor closely those drinking water supplies.

Environment Canada, in co-operation with my ministry, sampled industrial intakes and discharge pipes between Sarnia and the Suncor refinery to measure net pollution loadings. Samples were analysed for a wide range of contaminants, including volatile hydrocarbons, dioxins and chlorinated organics. The report indicates that the Dow Chemical sewers, the Sarnia township ditch and Polysar are the major

sources of volatile hydrocarbon contaminants. Dow and Polysar were also found to be major sources of benzene.

Appreciable concentrations of chlorinated organics were found in bottom and surface water samples and sediment samples collected from the study area. The survey showed aquatic life on the river bottom has been impaired in the immediate vicinity of the petrochemical industries. However, the report says long-term study indicates water quality conditions in the river have improved during the past eight years.

The findings of this report have led to a number of recommendations that are being addressed by my ministry. Generally, the report recommends that investigations be conducted to identify sources of the various contaminants and that action be taken to eliminate or reduce them.

A comprehensive regulation to do just that is being developed by my ministry. Federal officials have offered important technical data, as well as help in ensuring consistency with federal law. Our continuing co-operation has been formalized by the establishment of six joint work groups. My ministry intends to follow up with our federal colleagues the report's recommendations on water quality of the river and sources of contamination.

It also recommends that drinking water and ambient water criteria and objectives be developed for those contaminants for which none now exist. Again, I intend to pursue this development of standards with the federal government.

While I am assured by provincial and federal health officials that the levels of octadioxin found in treated drinking water samples are safe, I feel the presence of a number of other hazardous chemicals in our raw, untreated drinking water warrants an intensified examination of advanced water treatment techniques. Therefore, I am announcing today that I have ordered an accelerated reporting program from the bench-scale activated carbon filtration testing program at Niagara Falls.

With this information in hand, we will establish a full-scale demonstration carbon bed at an Ontario water treatment plant. This will give us the kind of hands-on operating experience that will allow us to evaluate carefully the virtues and limitations of this technology.

2:30 p.m.

My ministry has already initiated several measures to deal with issues the survey singled out. Other related initiatives have been under way since last summer.

The ministry's reorganized and enlarged Sarnia office is monitoring discharges, spills, drains and runoff in Lambton county. My ministry is closely examining past industrial disposal practices in the Chemical Valley. The Detroit-St. Clair-St. Mary's rivers project team is assessing water quality, identifying potential contamination sources, including deep wells and caverns, and is studying measures to reduce chemical contamination.

My ministry is acting to ensure that chemical loadings decrease, spills and discharges are prevented and that the public is promptly informed of all developments.

The report I am tabling provides much valuable information. It also points the way for my ministry's efforts to protect the people and the environment along the St. Clair River.

ORAL QUESTIONS

WATER QUALITY

Mr. Grossman: I have a question for the Minister of the Environment. The revelation has been made that for the very first time dioxins have been found in the treated drinking water of some Ontario communities. Given that dioxins are among the most, if not the most, deadly substances known, will the minister commit today to test immediately the drinking water of any community that asks that testing be done or of communities in whose water it is suspected dioxins are present?

Hon. Mr. Bradley: As the Leader of the Opposition would no doubt be aware, there is in the ministry an ongoing drinking water surveillance program that tests at several sites. Since 1983, if memory serves me correctly, some 1,000 tests have been conducted of both the raw water supplies and the drinking water supplies at various sites around Ontario.

Recognizing, as the previous minister used to indicate, that we are now dealing with parts per quadrillion, this is the first time we have detected any form of dioxin in treated drinking water.

The honourable member asks whether we are prepared to do testing where there is a request. The answer to that is yes.

Mr. Grossman: Will the minister also commit that wherever dioxins are found in treated drinking water in this province he will immediately provide alternative water supplies?

Hon. Mr. Bradley: I do not know whether that is possible. It would depend upon the quantity and the kind of dioxin we found. For instance, in this specific case we found octadiox-

in in what has been referred to as minute quantities. That did not trigger a reaction which would provide alternative water supplies; however, if we were to find the most toxic form of dioxin, 2,3,7,8-TCDD as it is known, in quantities above what are considered to be the acceptable guidelines, we would certainly in that case have to provide an alternative water supply to a community.

Mrs. Grier: When dioxin was found in untreated water, we were reassured there was no problem. Now that it has been found in treated water we are again being told that the nature of the dioxin and the levels are no problem. Will the Minister of the Environment tell us the point at which dioxin in the drinking water, in his estimation, does become a problem?

Hon. Mr. Bradley: It becomes a problem in the drinking water when the medical and scientific experts indicate very clearly that the guidelines which have been developed have been exceeded.

Mr. Rae: Are they the same people who set the level for uranium? Are the asbestos experts those same people?

Hon. Mr. Bradley: I realize this is an excellent opportunity for the leader of the third party to indicate his very strong concern. In this case, we checked with the officials of the Department of National Health and Welfare. We asked for the best scientific opinion within the Ontario Ministry of the Environment and for the assistance of Environment Canada. They have indicated clearly that the circumstances we found would not warrant not drinking the water at the present time. If we were to find results which were different—different kinds of dioxin or in greater quantities—that would be a different story.

Mr. Grossman: What I am about to say is in quotation marks; it is not my question. I want to refer the minister to his statement of November 6, 1984: "These chemicals should not be there in any quantity. Who is to say what quantity is safe and what is not?"

In this House a year later, November 25, 1985, the current minister said, as reported in *Hansard*, "I am a minister who says that wherever we find a problem that is going to affect adversely the drinking water in this province I am prepared to take whatever action is necessary to ensure we have safe drinking water in every part of the province."

Mr. Mancini: That is exactly what he just said.

Mr. Grossman: He did not. He is saying forget it.

Is he going to guarantee he will provide alternative water supplies for those communities; or is he saying he withdraws the words he spoke in November 1984 and November 1985?

Mr. Mancini: That is stretching it a bit.

Mr. Grossman: He should worry about the people. Why does he now tell them the dioxin is safe?

Mr. Mancini: He is going to do something about it. We saw how the party opposite reacted.

Mr. Speaker: Order. Will the member for Essex South (Mr. Mancini) contain himself?

Hon. Mr. Bradley: I am pleased to see the concern of the Leader of the Opposition, who was a member of the previous government, which was judged in many cases not to have taken the kind of action he is advocating today.

Mr. Grossman: The minister should answer the question. What is he going to do?

Hon. Mr. Bradley: Will the member listen carefully to the answer? As a Minister of the Environment of Ontario and a member of this House, I remain convinced that nowhere in our water, not only our drinking water but also our recreational water or the water we use in the province in various ways, should we have toxic substances, and I do not just mean dioxin. The reality is it exists, and that is what we have revealed to the House.

It is our intention to attack the sources of these substances on an ongoing basis. As the member will know, approximately five per cent of the ingestion of dioxin, for instance, comes from drinking water and 95 per cent from food and inhalation. It seems then, that while we cannot ignore the drinking water, since that is exceedingly important, we have to look at all the sources available, attack those and invoke in Ontario the kind of regulations the opposition members did not have the guts to invoke.

CONFLICT OF INTEREST

Mr. Runciman: My question is to the Premier. The Minister of Northern Development and Mines (Mr. Fontaine) indicated in his statement today that he placed his Hearst Forest Management holdings in a blind trust last December 23. Considering that forest management agreement negotiations were under way prior to that date, does the Premier feel the minister acted in an appropriate manner by waiting until the 11th hour to place his holdings in a blind trust?

Hon. Mr. Peterson: The honourable member will be aware that discussions with respect to the FMAs started a year or two ago—in fact, long before he and the minister were members of this House. They started under a previous minister, the member for Cochrane South (Mr. Pope), who used to come here on occasion. I am satisfied there is no impropriety whatsoever. Having looked into the situation, I am absolutely persuaded of that.

2:40 p.m.

Mr. Runciman: That is an astounding answer. We all know negotiations were under way some time before the new government took office. The pertinent point is that they were under way while the member was a member of cabinet.

Can the Premier explain how he can accept the continuance of the member in the executive council without putting his holdings into a blind trust, an obvious conflict that has been allowed to drag on for six months? Can he explain how he allowed that to occur?

Hon. Mr. Peterson: All the interests were in a blind trust. He made absolutely no representations at any point on the question. If the member wants to stand in this House or outside it and make an allegation of conflict of interest or abuse of position, he should feel free to do so. However, I can tell my friend he is absolutely wrong. I am satisfied there is none of that here.

Mr. Runciman: A few weeks ago in British Columbia a cabinet minister resigned. The reason was that his company was involved in negotiating a forestry agreement with the government of that province. Is the Premier telling us today that Premier Bennett has a higher standard of conduct for elected officials than he does?

Hon. Mr. Peterson: In my respectful opinion, they have nothing to do with each other. The designated hit man over there is fishing in the wrong pond. He is looking for something and he is judging us by his standards. They are not there. If the member can find any suggestion of a conflict of interest, he can stand up and say so, but there is none.

WATER QUALITY

Mr. Rae: My question is to the Minister of the Environment. The minister was one of those who, while in opposition, expressed consistent concern about the presence of dioxin anywhere, whether in gull eggs or anywhere else. When he became the minister he always assured us it was okay because none of it was ever found in treated drinking water, the same reassurances we got

from the member for Sarnia (Mr. Brandt) when he was Minister of the Environment. Now the minister has changed his story. He says yes, it has been found in the treated drinking water, but only a little bit.

Can the minister tell us what specific steps he plans to take today, apart from this so-called accelerated reporting program? What is that? A guy has to pick up the phone twice a week rather than once a week? Instead of that, what specific measures is he going to take to assure those millions of Ontarians who rely on the Great Lakes for their drinking water that there will be no dioxin in the water they drink? What guarantee can the minister give us that this will be the case?

Hon. Mr. Bradley: First of all, let me indicate to the honourable member—and I have done so clearly on all occasions, whether as a member of the opposition or as the Minister of the Environment with the responsibility—that whenever we find dioxin of any kind or any of the other substances in our waterways, in the soil or in the air that are considered by scientists and people in the medical field to be potentially dangerous to human health, it is a matter of concern and we have to address that concern.

Speaking specifically to the problem that originates here, I believe we have to attack the source of any of these substances, including dioxin, that get into the air, the soil or the waterways. That is why we as a government and we as a ministry are in the process of developing what will probably be the toughest regulations anywhere in Canada dealing with the St. Clair River area and ultimately Ontario.

The member will also be aware that we are in the process of changing the air regulation; I think it is regulation 308. We are in the process of consultation with environmental groups, people from industry, technical experts and others in order that we may reduce the potential contaminants that come from the atmosphere into the water, the soil and the food chain. We feel that by attacking the sources of all these substances—

Mr. Speaker: Order. Supplementary.

Mrs. Grier: I agree with the minister that what needs to be done is to attack the sources, but one of the most shocking elements in this very shocking report is the fact that so many of the discharges that have caused this contamination are legal today. For example, Dow is legally discharging 242 kilograms a day of volatile hydrocarbons into the St. Clair River. The minister has said he is producing new regulations.

Mr. Speaker: Supplementary question, please.

Mrs. Grier: If the minister is so concerned about getting at the sources, why does he not immediately apply interim control orders to prevent this effluent discharge into the St. Clair River?

Hon. Mr. Bradley: As the honourable member is likely aware, a certificate of approval is probably the weakest form of control. A control order can be tougher, but a control order is also an appealable vehicle. The strongest way to control the sources that are going into that area or other areas remains the regulation, which is not appealable. That is why we are applying a regulation.

Ms. Fish: Dioxin is currently found in the treated drinking water. The ministry has a program of supplying alternative drinking water supplies when something that has a half-life of 60 days and pales by comparison to dioxin, namely, alachlor, is found in drinking water. In these circumstances, why is the minister refusing to ensure that safe drinking water is provided to the people of this province?

Hon. Mr. Bradley: It is the view of the health and scientific authorities I marshalled together in this case to get their best expert opinion that, in the communities which I have indicated have had these minute quantities of the least toxic form of dioxin—albeit that has to be a matter of concern—the drinking water meets the requirement of safe drinking water. If that were to change, if the amounts found were to increase in another sample and we were to find the tetra form of dioxin, particularly 2,3,7,8-TCDD, that would be a call for immediate action because, as the honourable member will agree, scientific and health experts would indicate at that time that an alternative water supply would be necessary.

Mr. Hayes: We have been pressing the minister to increase the maximum fines since he took office. He has not given Dow or others any incentive to clean up and stop dumping toxic chemicals in our lakes and rivers. When is he going to stop levying token fines on corporate polluters and raise the maximum fines to discourage those who continue to dump in and pollute our lakes and rivers?

Hon. Mr. Bradley: I would hardly characterize as anything other than an aggressive stance against Dow Chemical the activity this ministry has undertaken in recent months through its investigations and enforcement branch and through the charges laid against Dow with

respect to the perchloroethylene spill and those we have placed before it having to do with the caverns. As the honourable member knows, we as a ministry have come under considerable criticism, and the activity undertaken has been characterized as being unfair to those emitters.

With respect to the fines that are available, I have indicated to the House that my ministry is putting together a full package of penalties to apply to polluters. They include increased fines, the potential for a judge to impose a jail sentence and mechanisms whereby profits that can be directly ascribed to violating the pollution and environment laws of Ontario can be stripped from the polluters who have undertaken those activities.

2:50 p.m.

EMPLOYEE HEALTH AND SAFETY

Mr. Rae: My question is to the Minister of Labour. It concerns another group of workers who were reassured by experts and by governments that there was no problem in their working conditions. We now learn that 274 uranium miners in northern Ontario have died of lung cancer as of October 1984, an increase of 57 per cent since 1981, and it is anticipated that the rate will shoot literally through the roof by the year 2000.

Given this tragedy of historic proportions affecting a group of people working in this province, and recognizing the federal government has a role to play with respect to setting certain limits, what steps does the Minister of Labour intend to take to reduce the limits of exposure and to ensure that people working underground in this province will not suffer intolerable kinds of conditions when they retire or have to leave work and will not be dying of lung cancer? What does the minister intend to do to stop this from happening in the province?

Hon. Mr. Wrye: First, while we have a deep concern about the numbers, which are unacceptably high, other mines have been added between one reporting period and the other; so the increase, while intolerably high, is not 57 per cent.

That being said, I met earlier this week with officials of the Canadian Institute for Radiation Safety who came to my office and expressed some concerns about their continued level of support. They shared with me some of the work they have been doing, and I am quite willing to share it with my friends.

The institute is doing a great deal of important work. It has asked for continued support from

this government, which has been giving it support—I and my colleagues the Minister of the Environment (Mr. Bradley) and the Minister of Northern Development and Mines (Mr. Fontaine). We intend to continue and enhance that support.

As well, I indicated to them on Monday of this week, when they were in to see me, that concerns they had expressed about continued support from the federal government would be passed on to my federal colleague, Mr. McKnight. We have a shared responsibility, and I intend to play my role as the Minister of Labour in Ontario in sharing that concern with my federal colleague and attempting to reduce the exposure level.

Mr. Rae: Rates of lung cancer among uranium miners are almost twice as high as in the general population and at least 30 or 35 per cent higher among gold miners. Those are the facts in the province. I do not know how the minister can give us this bureaucratic gobbledegook when he is faced with those kinds of realities.

What does he intend to do for those survivors of lung cancer victims who have not been given any kind of compensation from the Workers' Compensation Board? More than half the survivors of victims of lung cancer are not receiving any compensation from the board. Also, what does he intend to do for survivors of stomach cancer victims, since the rate of stomach cancer among uranium miners is running 30 per cent higher than the rate among the general population? What does he intend to do to ensure those survivors will at least be recognized by the government?

Hon. Mr. Wrye: I do not have exact figures for the second category in front of me. Of the 274 or 275 cases identified, entitlement to dependency benefits has been established in 124 cases, almost half—

Mr. Wildman: What about the rest?

Hon. Mr. Wrye: Hold on. Active investigation is under way in 76 other cases; in other words, no decision has been made. In 32 cases, entitlement was denied, and in 43 cases, the claim was not pursued. Those are the numbers I have. If my friend wishes to dispute them, he may share that with me.

There have been reviews of all these claims over the years and other entitlements added. There will be another review at the appropriate time. The corporate board is well advised to take a look at that.

Mr. Wildman: When is this government going to recognize that workers in this province

should not have to make a choice between their livelihood and their lives? Is the minister prepared to do something for the workers in Elliot Lake and assure the United Steelworkers he will establish a health centre that will enable them to identify at-risk workers and ones who are exposed prior to death?

Hon. Mr. Wrye: As I said, when the Canadian Institute for Radiation Safety was in to see me earlier this week, we discussed that matter in great detail. I intend to continue having those discussions. I have had the opportunity of meeting with the new director-elect for District 6, and he put that opinion to me very forcefully.

We are actively pursuing new initiatives we can take. The honourable member is right. All of us have an obligation to ensure that workers, whether they are down in the mines or in an office, leave their work as safely and in as healthy a condition as they entered it. That is the objective of this minister and of this government. We are not going to be satisfied in this specific case until we have made some much more impressive progress.

CONFLICT OF INTEREST

Mr. Timbrell: Today, the Minister of Northern Development and Mines (Mr. Fontaine) indicated that on December 23 and 30, 1985, he and his wife respectively established a frozen blind trust. Outside the House on Tuesday, following this question first being raised by my colleague the member for Leeds (Mr. Runciman), the minister indicated to the media that on an earlier occasion he had informed the Premier (Mr. Peterson) of his involvement in this company and the possibility of its obtaining a forest management agreement from the government.

I want to ask the Premier, what did he do about it at the time he was told, and why did it take six months after this minister became a member of the executive council for this matter to be placed in a blind trust? Why did the Premier not insist that the minister divest himself of all interests in this potential conflict immediately on becoming a member of the executive council?

Hon. Mr. Peterson: I would think the honourable member would want to be fair and read the entire statement. I refer him to page 4, where the minister said:

"Since May 2, I have had no involvement in either United Sawmill or Hearst Forest Management. I have attended no meetings of the board of directors. I have not participated in any discus-

sions regarding the business of a forest management agreement."

Last May, we asked the various potential cabinet ministers to submit their particular situations, which they did; they were all checked by lawyers. As the member knows, it takes some time to tie all these things up legally. However, it is absolutely in conformity with the conflict-of-interest guidelines, which are handled by Mr. Wright.

Very frankly, I know the member is looking for something, but he will not find anything. There is nothing there. I am completely satisfied.

Mr. Grossman: It is right there.

Interjections.

Mr. Speaker: Order.

Mr. Timbrell: With respect, what we are looking for is right in front of the Premier. He has not answered the question as to when he was told and what he did about it. Is he saying in effect that when it is a closely held family company, as this is, which stands to benefit substantially in a financial way if it is granted an FMA by his government, a blind trust or any other instrument is irrelevant and they can do whatever they want?

Hon. Mr. Peterson: I am not quite sure what the member is telling me. Is he telling me the blind trust is not valid or that we should not have one? What I am saying is that it is set up in a blind trust. The minister absolutely did not participate in it. On legal advice from Mr. Wright, who is the repository of all these things, this was the relationship established. I am sure the member personally conducted himself under the same guidelines. Let me tell him—

Mr. Timbrell: When was the Premier told?

Hon. Mr. Peterson: I was aware—

Mr. Timbrell: What did you do?

Hon. Mr. Peterson: Exactly what we did do. I was aware last—after the election; I was aware last May that there was a problem.

Mr. Timbrell: So the Premier condoned it for six months.

Interjection.

Hon. Mr. Peterson: Of course I acted. Immediately, everything was put into a blind trust. He conformed to all the legal niceties. He has had nothing to do with the company. We did exactly what he said he would do. Frankly, I cannot understand the thrust of the member's questioning. It has all been done.

Interjections.

Mr. Speaker: Order.

3 p.m.

CONTRACT WORKERS

Mr. Mackenzie: I have a question for the Minister of Labour. What does the minister intend to do about the 250 cleaners in the Exchange Tower at First Canadian Place who are in danger of losing their jobs? Most of them are women of Portuguese origin, and their take-home pay is about \$150 a week.

The workers could be thrown out of work because of a loophole, the existence of which is known to the minister, through changing the contract by putting it out for tender. This is the first time this has happened since the buildings opened. It comes, strangely enough, at a time when they are starting their negotiations.

Can the minister tell us what he is going to do about the possible job loss for these workers? Will he change the law so that successor rights will be guaranteed when work is contracted out or when contracts are tendered?

Hon. Mr. Wrye: We are taking a careful look at that, and I am sympathetic to the concerns the honourable member raises. In the specific instance, I believe on Tuesday last, officials in the Premier's office got in contact with members of the union as soon as the letter was received. We have offered to go ahead with a meeting including both the Premier (Mr. Peterson) and myself at their earliest convenience. I have not been told when that meeting has been scheduled.

I am also willing to indicate to the member that we will try to solve with the company the problem of continuing that group of workers through the tendering process as a condition of the tender. However, I understand the government cannot act to put out individual fires as they begin to flare up. We are looking for a long-term solution to the problem and we will have one at the appropriate time.

Mr. Rae: This is not an individual fire. It happened at the Toronto-Dominion Centre, it happened at Conestoga College and it has happened in many cases throughout the province. It happens wherever a contractor has a collective agreement and loses his contract. The workers, who have built up years of seniority and years of salary increases, lose all those overnight when that contract is retendered.

Will the minister take the legal steps, which the previous government and the previous minister refused to take, to ensure that the collective agreement stays intact and that those workers maintain their seniority, their protection, their salaries and their benefits and do not

have them taken away every time a company decides to contract out?

Hon. Mr. Wrye: I said we are taking a sympathetic look at the overall problem. I want to share with my friend the concern and the frustration I have at the fact that when we took over the reins of government on June 26—and since then—there was in my ministry, to be quite frank, an unfinished agenda that I do not have to tell my friends was of astounding proportions. We are trying to deal with it as quickly as possible and this is just one more issue.

CONFLICT OF INTEREST

Mr. Grossman: I want to come back to the Premier on the issue of the Minister of Northern Development and Mines (Mr. Fontaine).

I want to make this point: the purpose of a blind trust is that the true owner not know what shares or what companies he or she has an interest in. It is thus, so that when matters come to cabinet there is no way this person will know whether he or she has any interest whatsoever, as the Attorney General (Mr. Scott) will tell the members.

Hon. Mr. Peterson: The member is wrong.

Mr. Grossman: That is why it is called blind; that is the point of a blind trust.

With respect, when his minister, after dealing with the government for six months, then places his affairs in a blind trust, the potential conflict continues simply because the government knows the minister owns the shares. The minister, when he sits in cabinet, knows he still owns the shares. The minister, who in this case sits on the policy and priorities board of cabinet, still knows he owns the shares.

Given all of that, will the Premier agree that the minister continues in a conflict so long as he owns shares in a company that continues to deal with the government? Will he ask the minister to divest himself of them or leave cabinet?

Hon. Mr. Peterson: I would say to the honourable member, with great respect, that his legal interpretation of a blind trust is wrong.

Let me tell him what it is. When someone enters cabinet and puts shares into a blind trust, all those shares or assets are put at arm's length. The so-called original owner transfers the control to someone else and is not in a position to exercise any legal control whatever on any disposition. That is what a blind trust is all about.

These are the rules that were followed by the previous administration and Mr. Wright is the one who is administering these situations. When we assumed office some time ago, or when it

appeared we were going to, we checked into all these matters very carefully to avoid any kind of conflict-of-interest situation. The appropriate steps were taken to do that.

If the member will ask the former Minister of Natural Resources, the member for Cochrane South (Mr. Pope), he will find the former minister was in the lumber business and had a situation in which a forest management agreement was negotiated a couple of years ago. He is very much aware of that.

It is very clear the Minister of Northern Development and Mines withdrew completely last May from all involvement in that company. I believe he pointed that out to the members. It was all done legally. I can assure the House there has been no undue influence anywhere; he has not been involved in the awarding of any FMAs and will not be. That is the situation. I am completely satisfied there is no conflict of interest.

Mr. Grossman: I want to make a point to the Premier. Whether we are right or he is right—and he is not—about the legal interpretation of a blind trust, the fact is that the knowledge continued.

The ministry knew before the member was elected that it was negotiating with his firm. The ministry knew after he was elected that it was negotiating with his firm. The Premier himself admits that he, as the head of government, knew the government was negotiating with the minister's firm, of which the minister owned a major part.

Mr. Speaker: Question, please.

Mr. Grossman: The minister sits on the policy and priorities board of cabinet and presumably was part of the board that would decide whether an FMA would be entered into with his own company.

Whether or not the legalities are as he interpreted them, the Premier allowed that entire situation to continue for six months.

Mr. Speaker: Question, please.

Mr. Grossman: Given that history, which is undeniable because it is the Premier's evidence, would he not agree it is improper for a government to deal on an FMA with a company owned largely by one of its own members?

Hon. Mr. Peterson: The answer is no. Let me read the conflict-of-interest guidelines for the member's edification.

"No private company in which a minister or his or her family have an interest may become contractually involved with the government of Ontario unless the interest of the minister or

family has been placed in a blind trust set up in accordance with these guidelines."

That is what the conflict-of-interest guidelines of the member's own party say. He implies there was some discussion at the policy and priorities board about an FMA with the minister's former company. That has not happened.

Mr. Timbrell: Does the Premier mean to say there were no discussions?

Hon. Mr. Peterson: There were absolutely no discussions. I was scrupulous about this. Last May I said all these things were going to be tied up so tightly there would be absolutely no suggestion of conflict of interest. One would have to have a very devious mind in order even to imply anything.

Mr. Grossman: The Premier did nothing for six months.

Mr. Speaker: Order.

Hon. Mr. Peterson: I am completely satisfied there has been no conflict of interest and there has been no influence of any type.

Mr. Grossman: They were there to spell out.

Mr. Speaker: Order. The members are wasting the time of other members.

3:10 p.m.

EQUAL PAY FOR WORK OF EQUAL VALUE

Ms. Gigantes: My question is to the Minister of Labour. The minister and several other senior members of cabinet have been explaining the delay in the introduction of legislation on equal pay for work of equal value for the public sector by telling everyone who wanted to find out where the legislation was that the government was going through detailed consultations with the people affected.

It turns out that the people affected, namely the public sector unions, have not had a chance to consult with the government for two months. Can the minister explain the delay?

Hon. Mr. Wrye: With respect, I think the member is wrong. We had very extensive consultations with officials of the trade unions affected regarding the public sector legislation, which I believe ended in mid-November. The consultation was an ongoing process in our development of the legislation. Following release of the green paper and as we began to identify the public sector paper, we asked the unions involved to comment specifically on every aspect, every option we laid out. They did so.

In the first or second week of December, my officials met for a long time, three or four hours, with the unions involved. I was there for a short part of that meeting. Every one of those issues was canvassed. At the end of the meeting we had a comfort level with where the trade unions involved stood on those issues. We were comfortable with their points of view. We have not met with them since.

Three or four weeks ago, the assistant deputy minister of labour policy and programs, Dr. Wolfson, spoke with an official from the Ontario Public Service Employees Union. I understand he expressed a willingness to have a meeting and no such meeting was requested.

Ms. Gigantes: The meeting occurred November 25 and since then there has been no consultation. With whom has the minister been consulting? Has he been consulting with the business groups over this legislation? Why is all this new to the public sector unions on the eve of the announcement of legislation?

Hon. Mr. Wrye: I am not sure what the problem is. I understand and share the member's views on this issue. Frankly, the government has been anxious that this public sector legislation be the best in North America, as I think the member would want it to be.

Because of the work that has been ongoing with my colleague the Attorney General (Mr. Scott) particularly, my colleague the Chairman of Management Board of Cabinet (Ms. Caplan) and all of the cabinet, when the legislation is tabled in this House in the next short while I will make one commitment: it will be the best legislation in North America.

Ms. Fish: Will the minister give us a public commitment of a deadline by which the pay equity program will be in place, recognizing this party gave a public commitment of March 1, 1986, for pay equity in the public service to be in place?

Hon. Mr. Wrye: I choked on the question. I remember in its throne speech that party made a commitment to first-contract arbitration and then on Tuesday of this week said it was not going to vote in favour of the principle. It was simple last June, in the dying days of the member's regime, to give all sorts of commitments. They did not believe in it then; they do not believe in it now.

Would the member make a commitment to support our bill?

Ms. Gigantes: What bill?

CONFLICT OF INTEREST

Mr. Grossman: Would the Premier now agree that for six months the Minister of Northern

Development and Mines (Mr. Fontaine) was in this position: first, negotiations were going on between this government and his company; second, his company was not in a blind trust; third, there was no public disclosure? Would he agree those were the circumstances, in effect, for six months?

Hon. Mr. Peterson: As I told the House, after May 2 the minister had absolutely no involvement in the company. It was all being worked on by the lawyers and it is all there for the member to see. There was no influence exerted during that period, he had nothing to do with the company and that is very clear in the statement today.

In the interest of fairness, perhaps the member would like to read the whole statement.

Mr. Grossman: I want to reinforce this point to the Premier. The minister had everything to do with the company. It was his company. The Premier wants to take the position that he was not negotiating for the company with the government. I served eight years in the government, and every member of the government is deemed to be dealing with the forest management company because all of them collectively make one decision. The Premier is therefore saying the member owned the company but, as a member of the executive council, he was dealing with that company on the other side.

Given those circumstances, surely the Premier would agree that for six months the minister, as part of cabinet, was collectively dealing with a company he owned. The result of that negotiation could be, and would be, that he would directly benefit financially from those discussions.

Hon. Mr. Peterson: There is no substantiation. The member is stretching it again. The minister was not negotiating. To the best of my knowledge, nothing was signed in that period. To this date nothing has been signed, and he was not aware of what was going on. That was very clear. He was not sitting there in negotiations, and he told the member that. He said he washed his hands of the thing on May 2 and did not do anything subsequent to that, and now it is all tied up legally.

If the member wants to stand in his place and put the same question again, he is quite welcome to do so, but he is going to get the same answer. He can search as far and as long as he wants, but he will not find one scintilla of evidence that the minister in any way subverted the public policy process to his own benefit. He is here working for the people.

Mr. Harris: Mr. Speaker, on a point of order: On about six occasions today, the Premier has indicated that the minister has had absolutely nothing to do with the forest management agreement since May 2. He would want to know that the member for Cochrane North (Mr. Fontaine), in the only communication he had with the Minister of Natural Resources while I was minister in June, inquired about the progress of the forest management agreement in the Hearst area.

Mr. Speaker: Order.

WATER QUALITY

Mrs. Grier: I want to address a question to the Minister of the Environment that comes back to the announcements he made on Tuesday about dioxin in the drinking water. The minister is relying very heavily on the advice he has received from scientific and health experts that 150,000 parts per quadrillion of dioxin is the maximum acceptable concentration. As far as I am concerned, there is no acceptable concentration of dioxin.

Can the minister tell us of any other jurisdiction in the world where an acceptable level of dioxin has been legislated?

Hon. Mr. Bradley: I cannot speak for other jurisdictions. However, the honourable member may be familiar with this document, produced about September 1985, called Scientific Criteria Document for Standard Development. It is on polychlorinated dibenzodioxins and polychlorinated dibenzofurans. It was a matter of rather extensive work, as she would know, and I know she has read it from cover to cover, as she indicates to me.

Representatives from the Ministry of the Environment, the Ministry of Health, the Ministry of Labour and the Department of National Health and Welfare met on September 30 to decide on what they considered to be an interim guideline level for dioxins in drinking water.

It was decided as a result of that to set an interim maximum acceptable concentration based on the acceptable daily intake suggested in this Ministry of the Environment report. The report, as I have indicated, is a survey of selected drinking water supplies in Ontario for those products, with an apportioning of five per cent of the picograms per litre—that is parts per quadrillion—equivalency to 2,3,7,8-T₄CDD.

On November 26, 1985, the ministry released this report, and in the document, the acceptable daily intake suggested in the previous 1984

report was adopted and recommended. I could go on, but I know the Speaker does not want me to.

Mr. Speaker: Right.

Hon. Mr. Bradley: They went through a very extensive procedure to develop this guideline.

3:20 p.m.

Mr. D. S. Cooke: The minister's promise today and on Tuesday to do more monitoring of the drinking water along the St. Clair and Detroit rivers is exactly the same commitment the then Minister of the Environment, Mr. Norton, made back in the early 1980s and other ministers made before.

The technology exists to remove these chemicals from our drinking water. Why will the minister not make a commitment to put in place the granular activated charcoal filters that the beer companies use in the Lake Ontario area to take the chemicals out of beer?

Hon. Mr. Bradley: The beer companies do not use them specifically to take chemicals out of beer. Beer companies are primarily interested in taste and odour when they put in these things. In various jurisdictions, this technology is in place for those reasons as opposed to the reasons the member suggested. While some have advanced the theory that activated carbon filtration beds can remove dioxin, a large body of opinion indicates that is not necessarily so.

That is why before we proceed—the previous administration set up a project in Niagara Falls—I want to have in effect a full plant demonstration project, as opposed to a testing project, to determine its effectiveness. If it is genuinely effective, it will be the kind of thing we will implement.

Mr. Brandt: With respect to the safety of the drinking water, will the minister indicate whether the soluble nature of the dioxin detected in the Sarnia area can be filtered out with activated carbon filtration beds? If that is the case and that technology is available and effective, will he consider the Sarnia area as an application for the speeded-up technology they are now developing with the experimentations going on in Niagara Falls?

Hon. Mr. Bradley: The first indication is that that is not necessarily so. Even though octadioxin is what we would refer to as the most soluble kind, dioxin of any kind is not easily soluble. If one matched the most difficult kind of tetradoxins against octadioxin, which was detected in this case, octadioxin would be considered comparably more soluble.

By and large, dioxins are not soluble and tend to adhere to the particulates found in the ordinary process of water treatment plants. It is not only dioxins we are talking about; in my statement this afternoon, I indicated we were interested in looking at the effectiveness of a number of other substances.

If that were the case, we would introduce it in those specific areas.

CONFLICT OF INTEREST

Mr. Harris: My question is to the Premier. From what I have heard from the Premier today, he finds it acceptable that henceforth a member of the cabinet can own a company which is negotiating with the provincial government, the provincial cabinet, without putting that company into a blind trust. Is that my understanding of what the Premier thinks?

Hon. Mr. Peterson: The answer is no.

Interjections.

Mr. Speaker: Order. Does the Premier want to reply?

Hon. Mr. Peterson: I answered his question; I said no.

Mr. Harris: If the Premier is saying no, does he not think something is wrong when, after the member for Cochrane North (Mr. Fontaine) informed him of the situation, he allowed that very situation to go on for six months?

Hon. Mr. Peterson: With great respect, in my view the honourable member is wrong. The minister gave instructions to his lawyers in Hearst and Toronto as well as to the Attorney General (Mr. Scott) to deal with the situation and he tied it all up. As he told the member—

Mr. Grossman: He owned it for six months. He still owns it today.

Hon. Mr. Scott: He will always own it. It is in a blind trust.

Ms. Fish: Does he chat with his sister?

Interjections.

Hon. Mr. Peterson: Are they interested in an answer or are they going to shout? He told them what to do and they did it.

Interjections.

Mr. Speaker: Order. Do the members want to hear the response? Does the Premier have anything further?

Hon. Mr. Peterson: We have gone over this. We will go over it again. I accept what the minister said in his statement because I believe it to be frank. He completely turned over his companies to a blind trust. He instructed his

lawyers and it was done. It takes some time to do these things. He had absolutely nothing to do with those companies during that period of time. Since he has been a minister of the crown, there has been no conflict of interest.

Let me read the conflict of interest guidelines for the benefit of the member so he will better understand.

Mr. Runciman: Why does he not read them? None of his members complied with them.

Hon. Mr. Peterson: I have read them on several occasions.

"No private company in which a minister or his or her family have an interest may become contractually involved with the government of Ontario unless the interest of the minister or family has been placed in a blind trust set up in accordance with these guidelines."

They go on to say, "It should be the responsibility of the trustee to ensure that, if any matter affecting that interest comes before the ministry for which the minister is responsible, officials in the Premier's office are advised so that a colleague of the minister can be appointed to act for the ministry concerned for purposes of dealing with the matter."

Nothing has come to the policy and priorities board of cabinet, nothing has come to cabinet and nothing has been signed with respect to any forest management agreements of any type. I want the member to know that. As the minister said, and I accept it, there have been no discussions with anybody involved in the ministry. I am persuaded there is no conflict of interest. It is a blind trust and it has been done exactly as it should have been done.

VISIBLE MINORITIES

Mr. Grande: My question is for the Attorney General. The Coalition of Visible Minority Women said at a press conference yesterday that they were very frustrated and angry at the callous treatment they received from the Attorney General during a meeting on January 17. The minister did not show much interest in the issues raised by the coalition, which is angry at again being treated like second-class citizens.

Will the Attorney General apologize for the pitiful attitude he displayed? Will he assure this House that he will take strong and immediate action to ensure justice and fairness for visible minority women?

Hon. Mr. Scott: I am grateful to my friend for the question. When I saw the press reports this morning I was alarmed, particularly because I know of the interest the honourable member and

the member for Ottawa Centre (Ms. Gigantes), who is on the justice committee that has dealt with family law matters, feel for the real concerns of the members of this group. I share those concerns.

I regret the members of the coalition who met with me found me to be discouraging or unpleasant. Perhaps I was tired and not at my best. However, I want to emphasize that I feel strongly about the interests of this group.

They met with me on January 17. I think we met for something in excess of an hour with the representatives of the Ontario women's directorate. They put forward some of their concerns, which were principally that they have never had a response from any government to the resolutions made at their meeting in the summer of 1983. No government had ever responded to that. I indicated we proposed to do so.

At the end of the meeting, an arrangement was made that the women's directorate staff would meet with them. That meeting took place between a member of the directorate staff and the council last Monday, January 27. I was not present. Before I could get a report of what happened at that meeting, I received a letter on Tuesday night, late in the evening, saying my attitude had been unsatisfactory and a press conference would be held the following day. I should say that on Monday they undertook to forward a further brief to me on February 3. I am anxious to deal with their concerns and I propose—

Mr. Speaker: Order.

3:30 p.m.

Mr. Grande: The minister is correct. The issues raised by the coalition were identified back in 1983. The former government waited a year and a half to do nothing. The coalition expected that because this was a new government with a new attitude, there would be new initiatives. Obviously, it has found the government really lacking.

Will the Attorney General move now to target the needs of visible minority women with affirmative action and employment equity programs that combat the racism and sexism that prevent these women from being equal partners in our society?

Hon. Mr. Scott: Following the meeting on January 17, we agreed to meet again. We met last Monday with the staff of the women's directorate, went over the concerns and got a lot of useful information. The members of the coalition agreed as a follow-up to that meeting to provide a further brief, which they told us would be in our

hands on February 3. When this information was accumulated, we hoped to be able to respond in a formal way to their positions, which had been unanswered for more than two years by any government.

In the course of that, last Wednesday morning they held a press conference in which they said my attitude was—I forget the words—unhelpful, no doubt arrogant, unsympathetic or something such as that. If that was their impression, it was not an impression I intended to give nor an attitude I have. We were meeting with them before that and have arranged to meet with them since; but they held a press conference and that is what was said. I will meet with them again as we had planned to do.

PETITIONS

ONTARIO INSTITUTE FOR STUDIES IN EDUCATION

Mr. Sheppard: I have a petition signed by 2,000 people, which says:

"We, the undersigned, protest the move of the Treasurer of Ontario to merge the Ontario Institute for Studies in Education and the University of Toronto. We demand that he rescind his ill-advised budget items. We also demand that he reaffirm OISE's mandate to serve public education in Ontario."

Mr. Pope: I have two petitions on different subjects.

Mr. Speaker: I thought you were going to make a speech.

Mr. Pope: No, I would not put you through that again.

ROMAN CATHOLIC SECONDARY SCHOOLS

Mr. Pope: The first petition is signed by 24 constituents. It reads as follows:

"Ontario is a multiracial, multicultural and multifaith society that is well served by a strong public school system. Your government's proposal to extend public funding to Roman Catholic separate secondary schools is a backward step since it will grant special status to one specific denominational group. We urge you and your government not to proceed with this divisive proposal."

ABORTION CLINICS

Mr. Pope: The second petition is signed by more than 700 people, mainly from the city of Timmins. It was circulated in the city of Timmins

by John Lemire, whom I think the Premier (Mr. Peterson) has met. It reads as follows:

"We, the undersigned residents of Timmins, believe that all innocent human lives must be protected. The illegal abortuary in Toronto must be closed down immediately and the abortion law enforced. We object to the establishment anywhere in Ontario of abortion clinics, whether privately operated or government operated."

REPORTS

STANDING COMMITTEE ON GENERAL GOVERNMENT

Mr. McCague from the standing committee on general government reported the following resolution:

That supply in the following amounts and to defray the expenses of the Ministry of Colleges and Universities be granted to Her Majesty for the fiscal year ending March 31, 1986:

University support program, \$1,063,115,000; college support program, \$381,171,400; student affairs program, \$138,969,300;

That supply in the following supplementary amounts and to defray the expenses of the Ministry of Colleges and Universities be granted to Her Majesty for the fiscal year ending March 31, 1986:

College support program, \$20,000,000; ministry administration program, \$544,400.

STANDING COMMITTEE ON PUBLIC ACCOUNTS

Mr. Harris from the standing committee on public accounts reported the following resolution:

That supply in the following supplementary amounts and to defray the expenses of the Office of the Provincial Auditor be granted to Her Majesty for the fiscal year ending March 31, 1986:

Administration of the Audit Act and statutory audits program, \$146,000.

STANDING COMMITTEE ON THE OMBUDSMAN

Mr. McNeil from the standing committee on the Ombudsman presented the following report and moved its adoption:

Your committee begs leave to report on the ways in which the assembly may act to make its voice heard against political killings, imprisonment, terror and torture.

On motion by Mr. McNeil, the debate was adjourned.

MOTION

STANDING COMMITTEE ON RESOURCES
DEVELOPMENT

Hon. Mr. Nixon moved that in the standing committee on resources development the estimates for francophone affairs be considered before the estimates of the Ministry of Industry, Trade and Technology.

Motion agreed to.

ANSWERS TO QUESTIONS IN ORDERS
AND NOTICES AND RESPONSE TO
PETITION

Hon. Mr. Nixon: I am tabling the answer to question 165 and the interim answer to question 191 in Orders and Notices, and a petition presented to the Legislature, sessional paper 315 [see Hansard for Friday, January 31].

MOTION TO SET ASIDE ORDINARY
BUSINESS

Mrs. Grier moved, seconded by Mr. Breagh, that pursuant to standing order 34(a), the ordinary business of the House be set aside to discuss a matter of urgent public importance, namely, the announcement by the Ministry of the Environment that treated drinking water in the communities of Windsor, Sarnia, Wallaceburg and Mitchell's Bay contains trace levels of dioxin and the acknowledgement by the ministry that there are at the moment no effective programs in place to remove these compounds from drinking water.

Mr. Speaker: The notice of motion was received in my office on January 29 at 11:15 a.m.; therefore it complies with the standing order regarding the notice requirement. I will listen to the member for up to five minutes and representatives from the other parties as well.

Mrs. Grier: It is somewhat difficult to define the word "emergency." We all have emergencies from time to time in our lives and we define them differently. In this case, there is a strong argument to be made that the discovery for the very first time in this province of the presence of dioxin in treated drinking water must be cause for concern by all members of this House and justifies a discussion in public and in this House of the dimensions of that discovery.

In addition to discovering for the first time these toxins in our drinking water, we have found them not just from the area we suspected to be most contaminated, the St. Clair River, but also from Lake Huron in the water supply of Sarnia. Therefore, I think it is fair to say this discovery

affects all those people in this province, and they number many millions, who take their drinking water from any of the Great Lakes.

Over the years, we have had reassurance about the quality of our drinking water that has developed, if I may say so, a credibility gap between what the people in this province hear from their civil servants and, in many cases, from some of their politicians and what they believe to be the truth.

That is another reason I think it is important today, when we have had this announcement and when we have been told there is no need to worry, for us to air the facts and the opposing sides of that debate, so that people who are concerned and who are questioning the assurance they have been given can have an opportunity to hear both sides of the argument.

3:40 p.m.

I am very glad the minister released the information. I think it is important that be done. As I say, it is important that people in this province be able to make their own decisions, based on hearing all the facts of the matter and all the arguments about whether the drinking water is safe, whether they as individuals want to drink the water from the intake pipes that are now serving them, or whether they want to seek an alternative source for themselves.

Only if we in this House discuss the matter openly, and with our differences there for all to see and make their own decisions, can we be assured that the people have enough information on which to base their own personal decisions. For that reason, I think this debate is justified.

Hon. Mr. Bradley: I commend the member for Lakeshore (Mrs. Grier), the New Democratic Party critic, for raising this issue in this particular forum and in this particular form. It is exceedingly important that we as a Legislature deal with environmental issues on an even more extensive basis.

As the honourable member indicated in her remarks in support of this debate, it is essential that we have an airing of views on the results of the very exhaustive and extensive monitoring of drinking water that is going on at present in the St. Clair River area and in those communities that ultimately receive their water from that area.

If we were to make a guess, we would probably guess that in years gone by, if we had had the instruments and the technology to do it, we might have found some forms of dioxin in drinking water. What is fortunate for us, although it raises new concerns, is that we now have instrumentation that will measure in parts

per quadrillion. That is going to bring us into a new era of environmental sensitivity and environmental concern, a concern that I think is justified.

I know that a number of the people who are in the House to take part in the debate are directly affected through their own communities. Others have had a specific interest in environmental matters, such as the former Ministers of the Environment who sit in the House today, and the member for Lakeshore, both before and during her time in this House.

If we do not have this kind of public discussion, if we do not have the challenging of the opinions that are provided by medical and scientific experts as well as the specific activities that governments are undertaking to address these problems, then we are not following the concerns of the people of this province.

It seems to me that on a number of environmental issues it would be ideal to have what we call a debate. We are calling it an emergency debate today. We have the joint release of the St. Clair River report today by the federal and provincial ministers. This report focuses yet more attention on an area of the province, although, as the member for Sarnia (Mr. Brandt) would tell us, it is not the only area of the province that has environmental problems. However, it has some problems that have been accentuated in recent months and weeks. Therefore, these problems must be discussed in a very thorough fashion.

I suppose there are some easy reactions to this, and I do not belittle in any way those in the opposition who make comments. I have sat as an opposition member. As former ministers will recall, I expressed concerns, as the Leader of the Opposition (Mr. Grossman) did today, about any dioxin or, for that matter, any of the toxic substances we find in our waterways.

What is equally alarming and what is causing this debate to be of considerable importance is the fact that it is estimated that only five per cent of the dioxin we get in our bodies even comes from the drinking water. That is still an important source, even though it is five per cent. However, it addresses the problem we have. People say it is ubiquitous, it is all around us and so on. Sometimes it is, and sometimes there are specific concentrations that should cause us some problems.

I look forward to hearing from the member who moved this resolution this afternoon. I also look forward to hearing from the other members who I know, in all sincerity, have a point of view

they wish to advance and who are going to ensure that whatever action this Legislature and this government take is appropriate action.

As I indicated early on, there are a lot of quick fixes that are very attractive and appear to do something to address the problem. I wish I could wave a magic wand to remove all the substances that exist in our society today from the food chain, the waterways and so on. There is not, but our government is proposing a number of activities that we think will be beneficial in dealing with the sources.

Today, I feel this is a most appropriate debate and a most appropriate way to use the time of the Legislature. I want to hear the suggestions and opinions of the members opposite on this matter as well as those of the members who sit on the government benches. Our party and our government support this resolution by the member for Lakeshore.

Ms. Fish: We support this resolution and look forward to this emergency debate today.

Mr. Speaker: I have listened carefully and it appears from all those who have spoken that there is a consensus the debate should continue. However, according to the standing orders, I must place the question. Shall the debate proceed?

Motion agreed to.

WATER QUALITY

Mrs. Grier: The revelations we had on Tuesday and again today are a testimonial to the long years of inaction and neglect of our environment. It is a sad day when we have to have an emergency debate on the quality of our drinking water in a province that is the source of drinking water for much of the northern half of this continent and that has perhaps the greatest supply of fresh water anywhere in the world.

As the minister said, it is timely that we discuss it and that we recognize we can no longer afford to neglect our fresh water supplies and our drinking water. The continual reassurances we have had that our drinking water is quite safe, despite evidence to the contrary, has led the people of this province to have a somewhat false sense of security. Not only have we been lulled into feeling that we do not have to worry and that our treatment plants are taking out any contaminants, but we have also been lulled into neglecting the development of new technology that might take out the contaminants now found in our water.

We have not developed ozone treatment, which is used in other jurisdictions to protect

drinking water. We have not put in place the granular activated carbon filter beds that have been called for so often and were mentioned so much today in question period. We can reasonably assure the people of this province that they are not going to get diphtheria and typhus by drinking the water we provide for them, but we can no longer reasonably assure them that there are not perhaps more long-term effects on our children and our children's children as a result of the carcinogens in the untreated water in so many instances.

Now we have found dioxin in the treated drinking water, and that surely is cause for concern. It is also cause for concern that the threshold of acceptance keeps changing. First, we are told not to worry; it is only in the untreated water. Now it is in the treated water and we are told not to worry; it is very small parts per quadrillion, and it is a form of dioxin that is less lethal than other forms of dioxin.

There is no acceptable form and no acceptable level of dioxin. My fear is that if we accept the assurances we are being given this week, it will be easy the next time to accept the next level of reassurance when some more lethal form is found and acknowledged to be there. The dioxin found this week is a result of much more stringent and frequent testing. It begs the question, if that same stringent and frequent testing were done in places other than the St. Clair River, where else might we find dioxin?

It is not good enough to say we are going to step up testing and monitoring. We ought to start immediately, in every jurisdiction that requests it, the same level of testing we have been doing in the St. Clair River since the discovery of the blob. I was glad the minister responded in the affirmative today to the question from the Leader of the Opposition (Mr. Grossman). He did not expand on what he meant when he said he would provide testing for any community that wanted it. I hope he meant he would provide it to the same degree as his officials have been doing in the St. Clair River in the past couple of months.

3:50 p.m.

I am very concerned about this acceptance of a maximum acceptable level of 150,000 parts per quadrillion. When I questioned the minister and his advisers as to how that standard had been arrived at, it became obvious, as the minister acknowledged in his answers today, that it is a standard that is purely Ontarian. The standard has not been subjected to scrutiny by people in other jurisdictions, by the World Health Organization or by people in other countries, because

nowhere else has dioxin been found in treated drinking water. Therefore, who is to say the standard is any better than any other figure that one of us could pull out of the air? There has been no public input and no consultation in arriving at that standard.

Last November, when I moved in this House that we ought to have a safe drinking water act in this province, one of the key elements of that act was the opportunity for public involvement. As I said in my remarks in favour of having this emergency debate, all of us who drink the water have a right to have some say in what the acceptable standards are, just as we have a right to be fully informed about what has been found in drinking water.

There is no mechanism now for public involvement in the setting of those standards. It is important that it become a regular practice and that it be legislated.

The St. Clair River report shows there are a large number of organic substances in the untreated water, all of them lethal. In many instances, the substances that have been found in the untreated water match those that have been found in the tests done on the blob.

It is no longer good enough to say we are going to have pilot projects and more experiments with more sophisticated drinking-water techniques. The pilot project in Niagara, which we have heard about so frequently, is only beginning, if it has even begun. Who knows how long it will be before we get the results of that pilot project. Instead of borrowing from the experiences of other jurisdictions and putting in place granular activated carbon beds, we were told today there will be another demonstration project on the Great Lakes.

The people of this province are ready for some action. They do not want any more demonstrations. They have had a demonstration that shows there are substances in the water that they should not be ingesting. It has been said that only five per cent of our body fat comes from water. That is very misleading because our food presumably also has water in it and contributes to the amount of toxins we are taking in.

The cost of putting in granular activated carbon beds in Metropolitan Toronto was estimated by Pollution Probe in 1983 to be \$19 per family per year. The people of this province have clearly indicated they are willing to pay the cost of improving the preventive measures in our environment. It is time we put in place more sophisticated drinking-water treatment systems and stop the discharges now, on an interim basis,

from those industries that have been shown to exceed acceptable guidelines.

If the minister has control orders and new regulations coming some months from now, so be it; but let us not waste any more time. Let us stop Dow Chemical from discharging what we know it has been discharging and what these very serious reports say it has been discharging. It is time we got down to action. I hope the minister will not delay any longer.

Hon. Mr. Bradley: In rising to speak to this motion, I will say it is my policy that matters of this kind be given full public scrutiny and that the information generated by the Ministry of the Environment be made available to the public as quickly as possible. Frequently, that information has a bearing on public health and on the public's confidence in drinking water, in air quality and in their own safety.

I welcome the opportunity to have this matter discussed by the members. In doing so, I hope we can all establish a better understanding of the need for a balanced view of environmental and public health problems raised by substances such as dioxin in our drinking water. It is my hope we can establish a new environmental protection momentum to rid ourselves of these substances at source, so we may ultimately achieve the most complete protection for the health of our citizens.

For the first time in Ontario, trace levels of dioxin, albeit in its least toxic form, have been found in treated drinking water at Mitchell's Bay, Sarnia, Wallaceburg and Windsor. No dioxins or furans were found in treated drinking water at the other points we tested, which were Stoney Point, Amherstburg and Walpole Island.

The dioxins and furans found were in the octachlorol group and are the least toxic forms of these compounds. The most toxic form of dioxin, 2,3,7,8-TCDD, has not been found in any raw or treated drinking-water supplies to date. Drinking-water supplies for all these communities meet health-related objectives.

I have the assurance of medical and toxicological experts that the levels do not pose a threat to human health. While that is the case, I am resolved to trace the sources of these materials, and where the dioxin polluters can be identified, to impose much tougher abatement controls.

Two days ago, I reported that the levels found of octadioxins and octa-furans range from 10 to 22 parts per quadrillion. The levels are several thousand times below the interim health-base guideline of 150,000 parts per quadrillion or, put in other terms, 150 parts per trillion. This interim guideline was derived by an expert group of

toxicologists and scientists drawn from the Department of National Health and Welfare and the provincial ministries of Health, the Environment and Labour. It is based on a thorough, two-year review of the available worldwide evidence on dioxins, published in September 1985. That evidence indicates octadioxin is 10,000 times less toxic than 2,3,7,8-TCDD.

Details of the development of scientific criteria for 2,3,7,8-TCDD are available in the ministry report entitled *Scientific Criteria Document for Standard Development*. The criteria have been reviewed by an independent expert group. This document is of sufficiently high standard to be used by the federal government as Canada's contribution to international discussions on dioxins in the environment.

Ontario has provided the lead in the federal-provincial process to set specific national guidelines for each form of dioxin in all environmental sources. That will be part of an expanded joint effort to set standards for dioxin in air, water and soil. Its multisource approach will ensure that the accumulative effects of exposure to dioxins and furans do not exceed the allowable daily intake developed by Ontario's expert panel.

I do not want to minimize these latest findings. However, the instances of octadioxin and octa-furan detection in this survey were sporadic and are detectable only with recently developed technology that has achieved parts-per-quadrillion sensitivity.

In this study, octadioxins were found at trace levels in treated drinking water on two occasions at Mitchell's Bay, on one occasion at Sarnia and on two occasions at Wallaceburg and Windsor. Octa-furans were found in one sample from Windsor.

These latest results are from sampling conducted jointly by my ministry, the Department of National Health and Welfare and Carleton University. Members will appreciate that this has required extensive co-operation and has resulted in an unprecedented flow of information on drinking-water quality. It also required the careful development of complementary laboratory protocols, which unavoidably stretch the delivery schedules. The lead time should shorten as the new joint procedures become routine.

Subsequent samples, taken earlier this month, are being analysed on a priority basis. As soon as the results are known, I will release them to the public. My ministry will continue to monitor for the entire range of dioxins and furans at these locations. As laboratory capacity becomes avail-

able, we will expand testing for these compounds at other locations in the province.

The sources of dioxins are not yet known. The octa form is created from a number of sources such as incinerators and combustion of coal, wood and other fossil fuels. Octadioxins are very widely dispersed throughout the environment. Experts call it a ubiquitous contaminant, unlike its more toxic relative 2,3,7,8-TCDD, which is produced by only a few complex chemical manufacturing processes.

Analysis by the Department of National Health and Welfare of fatty tissue from both deceased and living persons in Ontario and New York state indicate there is substantial contamination of the general population by various dioxins and furans. The levels average 500 parts per trillion for octadioxins.

In a report from Vancouver in today's press, researchers have found dioxin in human beings who resided from one end of Canada to the other. According to that report, average dioxin levels were as high as 1,300 parts per trillion in British Columbia and as low as 525 parts per trillion here in Ontario; so we are not alone.

4 p.m.

We are working with the ministries of Health and Labour, the Department of National Health and Welfare, Environment Canada and medical officers of health in the St. Clair region to ensure that drinking water meets all health-related guidelines.

The question has been raised about effective treatment of dioxin in drinking water.

First, before any technology can be accurately judged, information must be gathered on the performance variation of each water treatment plant. For the starting point in this process, there must be systematic monitoring of the raw and treated drinking water for a variety of substances. My ministry has already moved decisively to provide this first step in the St. Clair River and Detroit River communities.

My ministry is intensifying its examination of treatment technologies. This evaluation of alternative water treatment technologies is a complex process. We intend to establish a fully operational, demonstration water treatment plant to conduct experiments and examine the merits and limitations of carbon filtration beds. We are also examining other technology, such as mobile, advanced water treatment facilities for short-term water quality control problems in small communities.

In the case of the St. Clair and Detroit rivers, however, we have to be concerned with two

things. First, the conventional treatment did not remove all octadioxin at Sarnia, Windsor and Amherstburg. Second, the powdered activated carbon did not eliminate octadioxin at Wallaceburg.

I do not wish to hold out any promise of a miracle cure. There are clearly limits to carbon filtration. I firmly believe we must evaluate carefully any technology's effectiveness before committing ourselves to general application. This is the only way to ensure that the best technology is employed to protect the public's health.

While this is an emergency debate, what I am describing is not truly an emergency. Rather, I consider it to be a signal, a signal to search out the sources of toxic contaminants and to clean them up, and a signal to employ the best water treatment techniques, test them and refine them. This is what our government intends to do, in addition to the other measures I have indicated in the past and specific to the report that was released jointly today by Environment Canada and the Ontario Ministry of the Environment.

It is obvious that in the past, we as a society have not treated the problem of toxic contamination with the degree of seriousness with which it should be treated. We can point fingers at others, we can look at past records, but that does not really deal with the problem as it exists today and as it will exist tomorrow as we go on to develop new substances.

It was brought to my attention, for instance, that motor vehicles are going to be made of more plastic and less metal. When we produce plastics, we produce effluents that society considers not to be very good for human health and not very good for the environment. As we develop each of these substances we are confronted with these challenges. It seems to me that the primary thrust of all activity we undertake in the environmental field must truly be in the field of addressing the sources, the point sources which in some cases over the years have been allowed to pollute our atmosphere, our soil and our water.

If we begin immediately and do so in a very strong fashion and against very great pressure from those who feel we are going too far, with the support of this entire Legislature we will begin to address one of the paramount problems that confronts mankind today.

Ms. Fish: I join this debate with some pleasure in seeing discussed in this House concerns about specific levels of pollutants in our drinking water, but also with considerable concern.

My concern derives from the position the minister is taking today and has taken over the past few days with respect to these findings. The minister continually uses phrases that suggest the dioxin found is the least toxic. He engages in a discussion of numerical degrees of toxicity and suggests to us the levels found here are really quite safe. My concern with that approach goes to the core of the question; that being, what are we dealing with in this treated drinking water? We may be dealing with something not quite as deadly as it could be, but it is pretty deadly.

I have never been one of those people seized with the alphabet soup in which Ministry of the Environment officials drown members of the public and their respective ministers. The reason I have never been very taken with that discussion is that on no occasion could any officials, laboratory scientists, doctors, medical personnel, researchers in other agencies, levels of government or universities provide any assurance whatsoever on two critical points.

The first is, what is the safe level? The answer is that they do not know. They do not know because we do not yet know what happens over time and we do not know how these chemicals combine with others. We are not entirely sure where they all come from.

The second concern I alluded to is the ubiquitous cocktail effect. We as a society do not know what the cocktail effect is, nor do the incredibly brilliant, dedicated research scientists who have spent years at it. The previous government, of which I happen to have been part, took a number of steps; for example, extending the laboratory system and providing for special testing at Lakehead University on cocktail effects, commencing the kind of testing of raw, recreational and drinking water that ultimately produced the findings we are dealing with in part today. The point is that we do not now know what the effects are.

When he was not on the government benches, the minister indicated a query as to who was to say what quantity was safe and what was not, or who was to say what the effect would be of a combination or cocktail of these chemicals. He instinctively alluded to it by indicating again to this House and to the public that the established standards are interim only, and he readily admits the chemicals in question are lethal.

For the minister to extend himself that next critical step and to answer his question of November 1984 by saying then that he did not believe any who might have suggested there was a safe level, and then today, because he hears the

advice in a ministerial briefing, to say he is prepared to accept it, I think is rather sad.

It is sad because those same officials would not be prepared to stand up and say that dioxin in drinking water consumed by humans is just fine and they are not worried. The fact is, they are deeply worried about that, the amounts to be ingested, and the cocktail effect.

4:10 p.m.

There is no question in my mind that steps must continue to be taken, as they have been over time, and as have also been indicated in the various studies that have come forward concerning, for example, the steadily improving conditions in the St. Clair River or how to deal with the source of the pollution and effluents occurring there. That is notable and worthy. However, let me offer a small caution in the course of reviewing the possible sources of this form of dioxin in the water, which is really deadly, but not quite as deadly as some others that might be there; before this we were glad the others were not there, but this not-so-deadly one is there, even though it is deadly. The sources of that one include burning wood.

I hope we are not going to see a variation on the Reagan theme. Members will remember him, the President of the United States. He thought acid rain was caused by killer trees. I hope the new Minister of the Environment (Mr. Bradley) does not believe this form of dioxin in the atmosphere and drinking water is caused by killer yule logs.

Let me go to the other point, the question of alternative water supply and safe drinking water. The minister suggests he is unprepared to move on the activated carbon filtration because we do not quite know whether it works. I put it to the minister that we know it works. The staff knows it works. They told me it works. Why are they not telling the minister it works?

I think the real reason we are not moving on an extended program of activated carbon is found on page 3 of today's Toronto Sun. The Premier (Mr. Peterson) suggests the problem with having a widespread program of activated-carbon-filter water treatment plants is that it would cost trillions of dollars. Expert accountant that he is, he has not persuaded me of that dollar cost. I would be interested in understanding what specific analysis has been undertaken of that cost. Is the Premier prepared to do it in a couple of cases if it is cheap enough, but not prepared to engage in an extensive program we already know works when he thinks it might be a bit costly? I put it to this House that this is the bottom line.

Finally, I want to deal with the question of alternative safe water being supplied when dioxins are found in the treated drinking water. I am amazed that the minister has been unprepared to state clearly that he would, right now, today, provide alternative water in those communities where dioxin has been found. I draw to the minister's attention that in the case of something as simple and easily broken down in the environment as alachlor, widely used on his soybean crop by his colleague the Treasurer (Mr. Nixon), among others, there is an immediate supply of alternative water whenever there is a trace of alachlor found in the drinking water of the farmers and residents of southwestern Ontario.

The people in southwestern Ontario off the farms, who live in the cities and are now being asked to drink water that contains dioxin—deadly dioxin, but not quite as deadly as some other form of dioxin that might be there—are being denied the same treatment. That belies the minister's clear intention in this matter.

Mr. Hayes: The Minister of the Environment has seen fit to release the water quality study of the St. Clair River and Lake St. Clair. I know the minister and his staff have been working very hard trying to deal with the problem of toxic substances in our drinking water, a problem they have inherited from the previous government. However, I must point out to the minister that although his government inherited this problem and many others the previous government failed to deal with, toxic chemicals are still being dumped into the St. Clair River today. Blaming the previous government is no longer acceptable. It is time for the minister to take action.

The St. Clair River report is a shocking testimonial to years of allowing the companies in the Chemical Valley virtually to run free, with a free rein in polluting our waters. The sad thing is that these companies are still being allowed to dump toxic chemicals in our waterways. As long as we have weak legislation and pittance fines, these companies will continue to pollute.

Right now, Dow Chemical legally discharges 242 kilograms of volatile hydrocarbons each day. Six major pollutants account for 84 per cent of this contamination: perchloroethylene, benzene, ethylbenzene, carbon tetrachloride, 1,2-dichloroethane and 1,2-dichloropropane. Benzene and ethylbenzene are being dumped in at a rate of 130 kilograms per day. Most of these chemicals are known or suspected carcinogens.

Dow is legally being allowed to pollute the St. Clair River because this province has no restric-

tions on these chemicals. It has been ruining the water quality of the Great Lakes for years without any interference from the ministry. When will this ministry act to restrict the chemical flood being poured into the river every day by Dow?

Even the most recent charges against Dow for disposing of waste in its salt caverns point out the absurdity of the present system. If Dow is convicted of failing to comply with conditions of approval and is guilty of four charges, the maximum fine is \$2,000 per count under the Environmental Protection Act. There are another two charges with fines of \$5,000 per count. That is a lousy \$18,000 for years of illegal disposal of waste and a mess that will probably cost—who knows?—anywhere from \$15 million to maybe \$100 million to clean up, if they ever try to clean it up.

I cannot understand why the minister does not accept our nine-point program for clean water. Even if the minister simply agreed to put in the granular activated carbon filtration systems in the affected communities, that would be a great start. I implore the minister to take immediate action to install the granular activated carbon filtration systems, raise the maximum fine for those who continually dump pollutants in our water and accept and implement Bill 62, the Ontario Safe Drinking Water Act, as presented by the New Democratic Party critic for Environment, the member for Lakeshore (Mrs. Grier).

A man can accomplish a lot of things if he does not mind who gets the credit for it. If the minister accepts the request from our Environment critic, we will not mind if he gets the credit.

Hon. Mr. Wrye: I want to address the problem of developing reliable and effective programs to remove dioxins and furans from our drinking water.

As the minister stated, before any treatment method can be selected for use in situations where toxic contaminants may exist, all methods need to be examined and the best and most effective one chosen. It has been suggested by some that activated carbon filtration or granular activated carbon is the panacea we need.

However, the results of the dioxin testing in the St. Clair River area may cause one to look again. While it is true that the conventional treatment did not remove all the octadioxin at Sarnia, Windsor and Amherstburg, it is also true that the activated carbon treatment did not remove the octadioxin at Wallaceburg.

4:20 p.m.

More study is required before we proceed to spend large amounts of money to install activated

carbon treatment at the communities that require it. However, the need for further study does not mean the issue is being placed on the back burner. The government realizes a speedy solution to this problem is required. With this in mind, the Ministry of the Environment is intensifying its research into the available water treatment technologies, such as a demonstration water treatment project to be used as a basis for comparison between different treatment methods. The project will compare the conventional, activated carbon and other innovative treatment processes.

I would like to address a few issues concerning water treatment.

With respect to granular activated carbon or activated carbon filtration, there are no published studies that consistently prove the removal effectiveness of activated filtration for dioxins or furans from water. However, in consideration of the chemical formulae and characteristics of the various dioxin and furan isomers, some estimates of removal efficiency can be made.

It should be noted there is no evidence at present that granular activated carbon offers a superior dioxin-removing capability over conventional water treatment. Granular activated carbon will remove organic contaminants, but when used in the contactor mode will tend to leach contaminants back into the finished water. Thus, in a spill, the granular activated carbon must be removed from the contactor and replaced subsequent to its having absorbed the spill; otherwise, the spill material will be leached back into the water. It requires \$30,000 to \$35,000 to replace the granular activated carbon after each spill or each occurrence of the contaminant in the raw water, which is removed by granular activated carbon.

Clearly, there are problems with these systems that need to be addressed and this government will and is addressing them.

Conventional treatment consists of particulate removal and disinfection, with particulate removal being accomplished by chemically assisted coagulation, settling and filtration, and disinfection accomplished by chlorination. Conventional treatment removes chemical contaminants of concern—for example, heavy metals, and organisms responsible for water-borne disease. With few exceptions, water in Ontario is treated by conventional techniques, that is, coagulation-filtration with chlorine as the disinfectant of choice.

Over \$2 billion has been spent in Ontario in the last 30 years to provide conventional water

treatment for 98 per cent of our population. The few exceptions are where other disinfectants and treatments are applied on a temporary basis to deal with a specific problem.

There is a perception that conventional treatment is inadequate in removing trace contaminants. There is no question the discovery of new contaminants has challenged the conventional treatment method.

Trihalomethanes, or THMs, substances of potential health concern, are produced in the conventional, disinfection treatment process. However, changing the process configuration has proved the continued effectiveness of conventional treatment in producing water with low levels of THMs. Investigations in Ontario also showed conventional treatment is effective in the removal of asbestos from drinking water.

Recent surveys of drinking-water quality indicate conventional treatment removes most contaminants of concern, shown by the very low frequency of occurrence and concentration of contaminants found in treated water.

The ministry's water resources branch, drinking water section, has a technical advisory group continually updating and optimizing conventional processes and providing advice to operating authorities on water treatment processes. As these new contaminants are discovered, the Ministry of the Environment has called for a thorough examination of conventional treatment methodology for the removal of these trace organics and for an assessment of alternative treatment methods such as activated carbon absorption. More needs to be and is being done.

The Niagara Falls water-treatment pilot-plant study is investigating removal of trace organic contaminants from drinking water. The work is being carried out by MacLaren Plansearch and is estimated to require two and half to three years. A steering committee has been set up comprising staff of the Ministry of the Environment, the Department of National Health and Welfare and other internationally recognized experts in the field of toxic organics and the removal of trace organics from drinking water; Environment Canada is participating in an observer role.

Objectives of the project are:

1. To assess the effectiveness of optimized conventional drinking-water treatment for the removal of trace organic contaminants;

2. To assess the effectiveness of activated-carbon-absorption removal of trace organic contaminants when used in add-on contactor mode; and

3. To determine the process design and operational parameters.

The optimization work will involve the use of new coagulations and flocculents, pH adjustment, mixing energy, etc. In addition, the work will examine the air-stripping process for effectiveness in removing a range of volatile organic contaminants. The cost of the study is going to be about \$1 million. Preliminary studies are almost completed. Bench-scale studies will begin next month and the pilot plant is expected to be operational by March.

As well, the ministry is studying a proposal for treating short-term water quality problems in small communities by utilizing mobile treatment facilities. Along the same lines, another proposed method of investigation is the setting up of pilot or demonstration plants at selected locations, preferably mobile, so that operations at different sites can be assessed.

The adequacy of treatment will be assessed in relation to removal of conventional contaminants, removal of trace contaminants of concern, operational parameters and cost. Based on the results of the Niagara pilot-plant study, the ministry will assess the feasibility of using these pilot-scaled units in determining the efficiency of alternative treatment techniques.

As well, the ministry has carried out and funded several other research projects, such as research to investigate water disinfection processes, including treatment-product formulation—for example, as mentioned before, THMs—and control in the chlorination process.

Second, the ministry has also directed a study on ozonation as an alternative to chlorination for drinking water. The report indicates good disinfection results and no indication of increased mutagenicity by byproduct production. It emphasizes the need for post-chlorination for distributed water.

The report includes a summary of cost for full-scale installations. A current study of ozonation will identify gaps in technology and indicate immediate needs for further research in the area.

Finally, the ministry, jointly with the Department of National Health and Welfare, has directed a study of a new water treatment method for THM precursors and synthetic organic removal. This study will examine new alternative coagulations for use in optimized conventional treatment systems. It indicated good reductions in overall organic levels.

There have been claims that public interest groups have not been given an opportunity to provide input into water treatment issues. This is

not the case. Public input is very important to this open government. The public-interest liaison committee on drinking-water issues, of which several interest groups are members, is currently working to develop a method for obtaining public input into the ministry's standards-setting process.

It should be apparent from the preceding remarks that this government is concerned about protecting our drinking water from contaminants, whatever they may be. The government recognizes the limitations of the existing conventional systems and is taking steps immediately to ensure these systems are adequate. Research on activated carbon systems is under way and new alternative ways of dealing with short-term water quality programs are being examined.

At this point, I believe it should be stressed that the monitoring of the St. Clair River area will continue. If the levels of dioxin change, appropriate action will be taken immediately. At the present time, the levels of dioxins are well below the recommended guidelines. No effective programs to remove the compounds are currently required. Local medical officers of health and medical and toxicological experts agree that the existing levels do not pose a threat to human health and meet all health-related guidelines.

Common sense tells us, however, to prepare for the time, if it ever comes, when the levels of dioxin may pose a threat. The government has undertaken those precautions through research and development and will continue to do so.

Mr. Brandt: I am pleased to participate in this debate. I have to tell my friend the member for Windsor-Sandwich (Mr. Wrye) that I have heard him speak in this House on a number of occasions. With all due respect, he is much better on the attack than he is on the defence.

He did an admirable job of reading that prepared address, which obviously came from the bowels of the Ministry of the Environment in some fashion or another. I enjoyed listening to the technical dissertation, however, and appreciate that the minister shared that information with us.

4:30 p.m.

One of the problems related to this whole question of water quality is that we are dealing with the issue of emerging technology, technology that has moved us from parts per million, to parts per billion, to parts per trillion and to parts per quadrillion. As the minister well knows, the difficulty in having detection equipment and being able to sample at levels higher than has ever been the case in our history, certainly in this

jurisdiction or any other jurisdiction in the world, is that we do not always know what those particular results mean.

This has been raised by a number of speakers. One can come up with a number of 10 to 22 parts per quadrillion with respect to dioxin and the member for Lakeshore can say it is unsafe at any level and therefore should be zero. The minister can say that the health level assured on the part of health officials federally and his own department people—you are not leaving because of something I said, are you, Mr. Speaker?—has indicated that 150,000 parts per quadrillion is a safe level. I understand that is over a lifetime of consumption.

This is a very major debate we have entered into here today, raising some of the questions as to whether or not we are dealing with safe levels of toxicity, whether we deal with dioxins, polychlorinated biphenyls or whatever the toxic substance may happen to be. I share some of the frustration the minister has. That is what he gets paid extra for.

I want to say to the member for Lakeshore in particular, but also to the others who have spoken on this issue, that I certainly agree with the comments made by various speakers. I want to join the group in favour of zero discharges and an environment that does not have any levels of contamination in it.

However, there is no magic elixir. To use the minister's words, one cannot wave a magic wand and clear up all the problems. I am so impressed with the level of patience the minister now has acquired that he did not have when he was seated only a few seats from where I am now, probably in the same chair I occupy at the moment.

Then he indicated that the immediate installation of activated carbon filtration would cure some of our problems, that no level of contamination should be acceptable and that we should move very rapidly to an absolutely pristine and noncontaminated environment. I want him to know I will hold his hand and walk that path with him, but I will on occasion ask him how come we are not reaching that magic point in the future somewhat quicker than perhaps we are reaching it now.

In all fairness, I want to say something to the member for Lakeshore, who made the point that the chemical industries in Sarnia have abandoned their responsibility, have simply taken advantage of the environment and are criminally corporate—that is my term, not hers—in the sense they do not care what they do about impinging any of these

environmental contaminants into the St. Clair River.

I want to share this because I know the member is as sincere in what she is saying in her remarks as I am in my remarks. I do not know of another area in the entire province, for that matter or in any other jurisdiction in this entire country, that has spent more capital dollars to control environmental problems and improve on the environment than the industries have in the Chemical Valley or the Sarnia area generally. They have made an extremely responsible thrust towards attempting to cure the problems.

I admit they have not yet cured them all. That report very clearly points out that there are some difficulties, but the report and some of the information the minister gave today as an example does not talk about some of the extremely dramatic breakthroughs those industries have been able to achieve, such as almost zero discharges now in sulphur dioxide, the major contributor towards acid rain. That has not been mentioned.

Suddenly, we have a situation where there is a joint federal-provincial report which is targeted at a particular area, that area being the St. Clair River. The report is entitled Pollution Investigation. I would appeal to the minister, while he is addressing and repairing the problem of environmental difficulties in the St. Clair River, perhaps to cast his glance somewhat further into other areas of the province.

For example, and I was not going to bring this up, the member for Essex North (Mr. Hayes), who I see has now left the Legislature after he had an opportunity to speak, failed to mention that the discharges from the Ford Motor Co. in Windsor are double those from Dow Chemical. They are not necessarily the same contaminants, but that is the level of contamination being discharged. Did the member for Essex South (Mr. Mancini) know this? Did the member know there are polluters in his area?

Does the member know, for example, that the city of Windsor is discharging raw sewage into the St. Clair River? Does the member know the level of polychlorinated biphenyls being discharged from the American side from the Rouge River are probably 15 to 20 times what they are to the north in the Sarnia area?

What is being done about those particular jurisdictions? I think the minister has an obligation. I want to share that with him in the context of this debate today. He should do more than simply say he thinks these levels are safe, that the companies still have problems to be addressed

and that his ministry is going to tighten the screws on them to ensure they comply with a new set of regulations and standards which are going to be developed for this province.

I think the minister has to look upon this as not all that different from the situation with Inco in Sudbury, where he has the balancing of jobs versus the environment in that particular situation. Concerning Inco, he said he would go to the industry's assistance and provide it with funds to help clear up the SO₂ problem.

When there was difficulty in Niagara Falls with the sewage treatment plant, it was the former government and this minister that made a commitment in the present minister's area to help construct a new, more effective and larger-capacity sewage treatment plant to clear up the problem.

I can recall some comments with respect to the pulp and paper companies and how effective the program was when the federal and provincial governments got together and were able to reduce the discharges of pulp and paper companies in Ontario very substantially.

I have to read for the record that the number-one volume polluter, excluding salt—which I do not consider to be a major pollutant in the Great Lakes—happens to be Great Lakes Forest Products in Thunder Bay with a discharge of some 60,000 kilograms per day.

To put it in context, that happens to be about 10 times the discharge of the largest polluter in the Sarnia area. I say to the minister that he not only has an obligation to look at Sarnia, which has some problems that have been spread through the media in a very wide-ranging way during the course of the past few months, but he has an opportunity now, since he is taking this new aggressive direction, to look at our whole series of companies, our whole series of municipalities, and other point sources that are causing the problems he has now identified. He has the responsibility and obligation to do more than just identify the problem, but to help and, in some instances, to make the polluter pay.

I know he is going to say that and I agree with that. In addition to making the polluter pay, there has to be some participation on the part of his government to assist those industries either financially or certainly with the technology that would be necessary to meet these particular levels of achievement.

I see my time has expired, but the bottom line is that we in this province are going to work with the minister and the government to see that the water that we consume is safe, is healthy and is of

the highest quality we can develop in a technological sense anywhere in the world.

I share that concern with him. I shared it when I was the minister. I have not changed in that regard; I feel quite the same way now. I only ask him to make the rules of the ball game fair, uniform and applicable across the board to all industries and all areas of the province. That is what I ask.

The Acting Speaker (Mr. Morin): The member for Hamilton Centre.

Mr. Charlton: Mountain.

The Acting Speaker: Hamilton Mountain.
4:40 p.m.

Mr. Charlton: Thank you, Mr. Speaker, for giving me the whole city. I do not want to get into the debate, as the member for Sarnia (Mr. Brandt) did, about whether one area is a little worse than another. I also do not want, as the member for Sarnia did, to get wrapped up in the discussion of volumes of pollutants. We are here to talk about concentrations of toxics and the dangers to human health and other environmental aspects.

On the one hand, I am pleased with some of the apparently new approaches the Minister of the Environment is taking to his role as compared to some of his predecessors in the former administration. On the other hand, I see both him and his colleague the Minister of Labour (Mr. Wrye) falling into a trap that all his predecessors fell into. To see that same trap continuing bothers me no end.

In his statement and earlier comments in this debate, the minister talked about the scientific opinions upon which these supposed safe levels have been developed. A few moments ago the former minister made reference to pristine environments. He should stop and think about one of those pristine environments, the one in which the scientific community works, those scientists and toxicologists to whom he is referring.

The minister knows full well that when scientists work to establish a safe level of any toxic substance, they work with that substance in isolation, under controlled situations and in a pure environment. We have had discussions on many occasions in this House, and on numerous occasions I have heard the minister talk about those things we do not know and science cannot deal with; we have totally neglected those things in the debate here today.

There is a significant body of scientific opinion out there that agrees with my colleague

the member for Lakeshore and with me that, whether we are talking about 2,3,7,8-TCDD or about octadioxin, there is no safe level of any carcinogen like those. That body of scientific opinion holds that view for a range of reasons, not because one cannot perhaps somewhere find a safe level of that substance in isolation. However, those substances accumulate when they get into the environment, and in addition to accumulating, they go through processes we call biomagnification as they work their way through the food chain.

The minister is also fully aware, because I have heard him refer to these things in his past comments as an opposition member, that in addition to those processes we also have a huge unknown called the effects of the synergistic mixing of different substances. We do not know the effects of dioxin in combination with the other chemicals obviously present in those water supplies, albeit also in minute quantities, even with substances such as dioxin, which is in a range of substances not very soluble either in water or in other substances. We still do not know in the case of a carcinogen, even if one is consuming safe levels of that carcinogen taken in isolation, what the impact of that carcinogen is if one is also consuming a safe level of one, two, three or four other carcinogens.

To take the approach that because the level of this one substance that has been identified and focused on is somehow safe, when we have not established and answered all those questions about mixing and about double exposure, is to try to provide the people of Ontario an assurance—I go back again to some comments my colleague the member for Lakeshore made—that some day, when we see the effects on our children and grandchildren, we will all regret.

The member for Sarnia is correct to the extent that there are no magic wands or instant solutions, but I want to say to the minister that the attitude and approach are extremely important in the level of resolution we can reach.

If we continue, as we have in the past, to take the attitude that this level of this substance is safe, even though it is now getting through the filtration process, then the level of urgency we will feel as policymakers—and the minister specifically as the policy implementer—with respect to how to react and how to approach the problem, is much different from taking the attitude that we should be damned scared because it is getting through at all and we do not know what the effect will be in combination with other things.

It is good the minister has said he is going to try to accelerate the programs around alternative methods of filtration and specifically around the activated carbon bed approach. Again, the attitude with which he views the severity of the problem will ultimately dictate the degree to which the acceleration occurs and the amount of money he can rip out of his colleagues, and specifically the Treasurer (Mr. Nixon), to augment that program to reflect the real severity of the problem.

In my view, the minister is falling into a trap that has been perpetrated by those who work in an environment where, even though they are making their recommendations from the scientific and toxicological community in an honest and sincere way, they cannot honestly and sincerely, in a social and real-world way, provide us with a realistic view of the degree and seriousness of the problem we have to deal with.

I urge the minister to extract himself from that trap and to work with his colleagues the Minister of Labour and the Minister of Health (Mr. Elston) to see that they extract themselves from it and put a sense of urgency into dealing with these problems that will reflect the potential dangers about which we know nothing. In that way, a generation from now, those who follow us in this assembly will not be standing here in 30 years debating and bemoaning the failures of this Legislature and this government to act quickly enough to preclude in our society what could be one of the biggest disasters that history will ever record.

Mr. D. W. Smith: In speaking to this motion, I wish to address the question that arises every time we deal with dioxins or furans: What are the safe levels of exposure to these chemicals, if any? Also, should we be alarmed at the levels found recently in the communities of Mitchell's Bay, Sarnia, Wallaceburg and Windsor?

It is quite easy to be alarmed about these chemicals. We have all seen and heard in various media reports about the dangers of dioxin. It is 10,000 times as toxic as DDT. Just one quarter of a single ounce of 2,3,7,8-TCDD mixed in water has the ability to kill five million people. Remember there are 20 million people who draw their water from the Great Lakes. I say it is a very toxic material.

4:50 p.m.

There is still a lot we do not know about dioxins and their long-term effects on human beings. Common sense tells us to err on the side of caution until all the facts are in and accounted for. However, conflicting statements are often

seen in the scientific literature. The current issue of *Scientific American* contains an article which states there have been no studies that demonstrate severe chronic human effects due to dioxin.

How are we to respond in the face of incomplete scientific knowledge? Obviously, some standards are needed now, although the question of what level of minimal exposure to the chemical is safe and prevents any adverse health effects remains unanswered.

This government starts from the premise that most dioxins and furans are toxic, but it must be remembered that degree of toxicity depends on many factors: dosage, route and condition of exposure, and toxicity of a particular type of dioxin or furan.

Dioxins refer to a family of 75 related chemical compounds. The most toxic form of dioxin is the product of a chemical manufacturing process used in the manufacture of pesticides. Other forms are less toxic. The octachlorodioxin found in the water samples from the St. Clair River area is estimated to be 10,000 times less toxic than the 2,3,7,8-T₄ CDD dioxin. As well, it is one of the most common forms being produced through the incomplete combustion of fossil fuels.

Still, as the minister stated, the detection of any form of dioxin in drinking water is a reason for concern. To answer these concerns, the Ministry of the Environment formed a committee to develop the scientific basis for creating standards for dioxins and furans. The study examined the sources and exposure implications of these chemicals, and on November 26, 1985, produced a 536-page report, which I hold here, entitled the *Scientific Criteria Document for Standard Development No. 4-84*. The report was reviewed and approved by a special panel of world-renowned experts. It used a multisource approach to the exposure of furans to dioxins. This was to ensure that the total sum of all exposures would never exceed the allowable daily intake.

The recommended maximum allowable daily intake was the result of exhaustive scientific research. Without getting too technical, the maximum allowable daily intake was based on a threshold safety factor approach; this takes the threshold at which further increases in dioxin cause cancer and divides that concentration by a safety factor. The safety factor used was 100, and the recommended maximum allowable daily intake for the most toxic dioxin was 10 picograms per kilogram of body weight per day.

These are not numbers pulled out of the blue, as the member for St. George (Ms. Fish) has suggested. Extensive and reliable data from chronic animal studies and the existing human tissue studies were used.

For other forms of dioxins, the recommended maximum allowable daily intake was calculated by comparing the toxicity of these forms to the most toxic dioxin and changing the intake appropriately.

The federal government has approved of the report and even tabled a draft of the report as part of Canada's contribution to a meeting of the North Atlantic Treaty Organization committee on challenges in modern society held in Germany in September 1985. As well, the report is being used as the basis for developing national guidelines for all forms of dioxins from all possible sources, including drinking water.

Thus, by careful study and use of a safety factor, the Ministry of the Environment has provided a recommended maximum allowable daily intake that has been approved by experts in and outside Canada.

With the development of several severe pollution problems in the St. Clair River last fall, the estimates outlined in the *Scientific Criteria Document for Standard Development* were used in the formation of interim drinking-water guidelines by the Ministry of the Environment, the provincial ministries of Health and Labour and the Department of National Health and Welfare.

That is the way the situation stood when the trace levels of octachlorodioxins were discovered in the drinking water of several communities in the St. Clair River region. Were those levels of the least toxic dioxin, octachlorodioxin, safe? I believe the answer is yes. Although this government would be the first to admit the appearance of a dioxin is a matter of concern, it is not a reason for undue alarm.

I believe this for several reasons. The levels found were from fewer than 10 parts per quadrillion to 22 parts per quadrillion. The positive results were found in very few—approximately eight—of the 200 samples taken. The recorded levels were well below the level of 150,000 parts per quadrillion, which is an interim guideline set for that form of dioxin. The dioxin found was the least toxic form.

Although the recorded level of the octachlorodioxin is several thousand times below the recommended guideline, some would question the adequacy of that interim guideline. Members should know the guidelines are based on an

allocation of only five per cent of the total allowable daily intake to drinking water. They are based on the best available scientific information currently existing and include built-in safety factors. The levels are so low that they are detectable only with recently developed technology, and even so are only on the edge of the detection limit.

There is some question whether the guideline, based as it is on a 60-kilogram individual drinking two litres per day, truly takes into account sensitive people such as children, pregnant women and those with immunodeficiencies. The guideline does provide adequate protection. The 60-kilogram, two-litre calculation deliberately overestimates the dose one could get by fulfilling those conditions.

Regarding pregnant women, concern centres on the possible reproductive effects caused by exposure to dioxin. Animal studies have been conducted to establish the dose of 2,3,7,8-TCDD required to elicit an observable reproductive effect. The dose required to show an effect was higher than that required to give rise to cancer in test animals. Therefore, since the value of 15 parts per quadrillion is based on that dose, it gives rise to no observable effect. The effect being sought is cancer formation. This number will provide a wide margin of safety for reproductive effects.

Others suggest there is a proposed standard level of less than one part per quadrillion by the US Environmental Protection Agency. One must keep in mind that the form of dioxin discussed here is the most toxic form, 2,3,7,8-TCDD, and not the form seen in the St. Clair River, which is octachlorodioxin and has a toxicity level 10,000 times lower than 2,3,7,8-TCDD. The comparable guideline for the highly toxic dioxin is 15 parts per quadrillion.

With all due respect to the companies of the Chemical Valley as well as other areas on the Great Lakes, I want to say that I am in no way trying to force the closure of their plants by scare tactics. However, we do have an environment and a Great Lakes water system that we have to protect, and we must consider methods of greater controls as costs of production in the future. I should add that the Great Lakes account for about 37 per cent of the world's available fresh water.

In conclusion, this government feels the guidelines are adequate and do represent a reliable level against which to compare the dioxin levels. The results have shown we must exercise concern and caution, but they do not justify alarm.

Mr. Stevenson: I am also pleased to join this debate on a very serious topic which is of considerable concern to the people of Ontario.

I want to take a somewhat different approach from those taken by other speakers today and to refer to some recent developments in other areas of environmental research. I want to draw some parallels with the concerns that exist on dioxin and to try to stimulate the minister and his ministry to become somewhat more aggressive in dealing with these issues.

To give some indication, I happened to bring along a small publication entitled *Air Pollution Effects on Plants*. It is a scientific research review I did in 1972. It was the first research, the first literature review conducted for the Ministry of Agriculture and Food on air pollution effects on plants. It was submitted to the ministry in November 1972.

5 p.m.

To give some idea of the great progress that has been made in areas of environmental research, I want to point out with one example, sulphur dioxide, where the state of the art was at that time and how it affected plants. I mention briefly at the bottom of the section on sulphur dioxide that damage is frequently reported under conditions of fog or in heavy dew, and stated how spots appeared on the leaves of plants and so on.

At that time we were aware, but just barely, of long-range transport and acid precipitation. The idea of the sort of chemical cocktail that existed in the atmosphere and how atmospheric conditions affected that chemical cocktail was just becoming known and was most frequently seen in local conditions and again in conditions of heavy dew and not long-range transport of rain. One can see how the knowledge in that one area has expanded so greatly from 1972 to 1986, yet we still have a long way to go.

Today, we are in somewhat the same position with dioxins. I would like to point out that at the time I left the University of Guelph in 1976, we were conducting research and using mass spectrographs, spectrophotometers and gas chromatographs, the same sorts of instruments they are using today in research. Granted, we were measuring different substances than they are working on today, but at that time if we could measure concentrations of chemicals in soil, water or plant tissue at the level of five parts per million, we were very pleased with our accomplishments.

Today we are measuring at five parts per quadrillion, which is an improvement of one million times in the level of detection. I can say

for sure that the level of knowledge as to the effect of those chemicals on our bodies or on our environment most certainly has not improved anywhere near one million times in that relatively brief time.

That gives members some background on what we are dealing with. I am not saying this in any way to try to defend the minister or the ministry. In the research that has been done in all parts of the world, particularly in North America and here in Canada, we have made tremendous strides, but we also very clearly have tremendous challenges ahead of us.

I am somewhat surprised this debate is taking place today, because when the minister first took over he was treated in the *Toronto Star* like some environmental saint. One would almost have thought the *Star* was some house organ of the Liberal Party. It seemed concerns like this would never occur again in Ontario. The article had comments in it as if it were some fan magazine. As I say, I am quite surprised this debate is even going on.

I want to refer to a situation with which I am slightly more familiar than the one in the Windsor-Sarnia area. That is the situation on Lake Simcoe. We too have had a study that has been going on for some time on Lake Simcoe water quality. That refers entirely to phosphorus, which is a much less dangerous situation than dioxin. Phosphorus is a basic element of the earth, is present in virtually everything that exists on the surface of the earth and is necessary in our own bodies to carry on basic life. However, we have too much of it in the lake and the report clearly indicated that.

In the four years from 1981 to 1985, the previous government allocated somewhere between \$80 million and \$100 million to the improvement of the sewage treatment plants on Lake Simcoe to reduce the phosphorus loadings of that lake. I wait with anticipation to see what the current government will do to continue that important work to improve Lake Simcoe.

Their efforts to this point have not been that great. The Ministry of Natural Resources just cancelled the fish culture station on the lake that had been announced more than a year ago. So I stand here and wonder if the level of activity this government will show in the St. Clair River will parallel the activity on Lake Simcoe. There will be a great deal of rhetoric, but basically it will boil down to a big yawn.

Over the next while, I would like the minister to try to define the term "toxic rain." I expect that means toxic precipitation, but I would like to

have him more clearly define for me what that term means in southern Ontario. When I look at the situation with dioxin and the fact that it is supposedly ubiquitous—although I am not sure it is quite as ubiquitous as the minister's rhetoric—I would like to have a better idea of what the sources are, how it gets into the atmosphere and whether that toxin comes down as dry deposition or as precipitation.

It is quite important to have a better idea of the chemistry in the atmosphere on dioxin, because as we deal with the problem—and I agree with the minister; we must attack it at the source—sometimes there are secondary measures that can be taken. Those secondary measures may well be different if we knew it was dry deposition or if we knew it was coming down in the form of precipitation.

I would also urge the minister to take a hard look at the background levels of these chemicals over a great many years. If dioxin is a product of combustion, which it appears to be, is there any way of determining what the native people in this province were exposed to 300 and 400 years ago? Those who lived in longhouses were exposed to very high levels of smoke.

I am wondering if there is any way of determining what sort of content they may have had in their body tissues. Unfortunately, we will have only bone to sample and not liver or fatty tissue. However, if there is any way of allaying the concerns of some people on this issue, I would recommend strongly that the minister look not just at the levels in the water that exist today, but take a long look at the history in this province.

Mr. D. S. Cooke: I rise to speak in this debate without a great deal of knowledge on the whole issue of drinking water and the chemical problems we face, not only in the Windsor-Essex area, not only along the St. Clair River, but also, I suspect, in the entire Great Lakes and many other water sources across this province.

I find drinking water to be a very difficult issue to deal with as a politician, because it is not quite as simple as going back to one's home constituency and simply saying the water we are drinking is in bad shape. What is the alternative right now? What am I to tell my constituents they are supposed to drink for the rest of today and tomorrow, and in the future? It is something that we politicians have to try not to scare people about but to deal with in a realistic way.

I do not think it is realistic to diminish the problem either. Over the last number of years, the problem of pollution of our Great Lakes and

our drinking-water sources has been diminished by the former government and, I fear, by the authorities who are advising the minister today.

5:10 p.m.

I come from a community that has been confronted with the problems of bad drinking water, or potentially bad drinking water, for quite some time. I believe my constituents are worried; they are frightened. I really do not know what to suggest to them. I do not feel comfortable telling them that because the authorities advising the minister say the drinking water is of adequate quality, they can continue to drink it.

I do not feel comfortable saying that because I have dealt with people who worked at Bendix Corp. in Windsor where workers were exposed to asbestos over the years. For years those workers were told exposure to asbestos was fine and there were no health risks.

I have talked to workers at Valenite-Modco Ltd. who for years were told that exposure to cobalt dust was okay. Now I have a constituent, Larry Girard, whom I know quite well, who is dying of hard metals disease.

I fear very much that five, 10 or 15 years from now, more evidence is going to come out and we, as the political leaders of today and the political leaders of the past, are going to see that the poisoning of our Great Lakes by companies such as Dow Chemical Canada has caused all sorts of health problems that many of us and many of the scientists cannot determine right now.

The current problems in my area and in other areas of Ontario are not new. The debate about the quality of raw water and drinking water in the St. Clair and Detroit rivers goes back many years. I was reviewing some of my files. In the early 1980s, Dr. Cummins, a professor at the University of Western Ontario, gave an interview on a local radio station. He was talking about the potential problems of the poisoning of the St. Clair and Detroit rivers.

I remember suggesting to the minister of the day, Keith Norton, that there had to be a response from the Ministry of the Environment. The minister got up and made a statement in the Legislature. I am going to quote part of page 3 of the statement: "The water supply of the city of Windsor is well within acceptable guidelines for drinking-water quality. A check of test results from the ministry and the Windsor Utilities Commission shows that."

On page 4, he states: "In a letter to the Windsor Utilities Commission, the medical officer of health, Dr. Jones, concludes the following: 'There is no proven association between domes-

tic water supply and health problems. In my opinion, the residents of Windsor-Essex should have no fear from drinking the domestic water supply.'"

On page 6, he states: "Since 1977, my ministry has been engaged in detailed work in monitoring the St. Clair River. The entire purpose of this study is to define any existing and/or potential problems with the water quality that could have impact on human consumption and devise solutions before any problems could become serious."

The suggestion that monitoring has been going on since 1977 is a joke. Many of the problems that are finally coming to light publicly must have been known within the Ministry of the Environment and were never made public.

As I understand it, a report that was available in the early 1980s was suppressed by the previous government. Questions about it have been raised in the Legislature for four or five years. We are finally having a public debate on this issue which I think not only has to be debated but also has to be dealt with. I would hope that is what this government will do.

I think the scientists in the Ministry of the Environment and the political leaders of the past have known about this problem, but they, along with the big corporations in this province, have not been totally honest.

Miss Stephenson: The member has to be crazy.

Mr. D. S. Cooke: I suggest that the member for York Mills read the information, especially the St. Clair study. There was a St. Clair study available in the early 1980s which was not released.

The Great Lakes Institute at the University of Windsor first discovered this blob in September 1984. It reported it to the Ministry of the Environment. The information was never released to the public until the new government took office. That is a fact.

I suggest the honourable member check with her colleague the member for Sarnia and ask him point blank why that information was never made public. There has never been an explanation. Many of us in our communities are damned angry that information was withheld.

We have a right to know it. In our society today, when there are environmental problems and people are being exposed to chemicals about which no one knows the long-term effects, they have a right to know that information. We do not have right-to-know legislation in this province. The Conservatives did not bring in that kind of

legislation because they were not interested in protecting the public from those large companies; they were interested in protecting the companies' investments.

Miss Stephenson: That is not true.

Mr. D. S. Cooke: That is exactly true. The record and their history in government will show it. It is one of the reasons they were thrown out of office on May 2.

I invite the member for York Mills, a medical doctor, to read some of this information on the St. Clair River. It is absolutely appalling. Dow Chemical can discharge 242 kilograms of poison on a daily basis and we are stuck drinking that stuff. In 1986, we are drinking this material and those companies are allowed to discharge it. It is an absolute disgrace. After 42 years with the Conservatives in power, this is what we are left with.

The ministry's last summary of the point-source discharges states, "Dow's discharge quality met the ministry's industrial effluent concentration guidelines." In other words, Dow is legally poisoning the people along the St. Clair River, Lake St. Clair and the Detroit River. It is legal, in Ontario, to throw these kinds of chemicals into the Great Lakes.

In the past several years, we have consistently been told by government officials and medical officers of health: "Do not worry. Dioxin is in the raw water, but it is not in the drinking water." Now we have dioxin in the drinking water and we are told it is below certain levels so we should not worry. The people in our community and in our region want action. They do not want to simply be told not to worry. They want to know the alternatives.

I have not heard from the minister or anyone else in the ministry, why we cannot install these carbon bed filters to remove some of the chemicals that are now going into the drinking water and are being consumed by human beings. Who knows what the long-term effects are?

In the long term, naturally, we have to clean up the Great Lakes. I read report after report and I am sick and tired of being told not to worry. I do worry and the people in our region of the province have every right to worry. We have to take appropriate action to make sure the Great Lakes are cleaned up. In the short term, there is no need for experimentation. We have to put these carbon bed filters in place so the people of our province are protected.

I would hate to sit as a member of this Legislature—if I am still here—in five or 10 years and read reports that say, "In 1986, the

politicians knew what was going on but did not take the appropriate action, and people have died as a result of exposure to these chemicals." Now is the time for action.

Mr. Mancini: I will take this opportunity to make some comments on the emergency debate that has been called for today. I will tell the House what action this government is undertaking to ensure that the quality of drinking water is safe for all Ontario citizens. In response to the concerns raised, even before the discovery of dioxins in drinking water, we were:

1. Planning a comprehensive drinking-water program for the protection and assurance of Ontario residents. This program will provide a more comprehensive structure for the development, assessment and control of drinking-water sources and make the Ministry of the Environment and municipalities more accountable to the public for the quality of water supplies. This will include specific programs to improve both monitoring of supplies and enforcement of quality control. Specifically, there will be much more public information available on more extensive monitoring of water quality and more public input to decisions relating to water quality.

2. A program of extensive improvement to some water treatment systems and a number of research and demonstration programs in new treatment technologies.

5:20 p.m.

3. Continuing and improving a number of programs to clean up municipal and industrial point sources and nonpoint sources such as farm runoff, which impairs the drinking and recreational quality of Great Lakes water. Some of these efforts, such as the Canada-Ontario commitment to reduce phosphorus loadings to the Great Lakes, are being conducted in co-operation with the federal government. Also, a program has been undertaken to help solve the problem of beach closures. These have been a specific and significant problem in the last couple of years. Over the past summer and the summer before, many beaches in the Metropolitan Toronto area and in other places across the province have been closed.

I am a member who represents an area, specifically the constituency of Essex South, that is affected by water quality. We get our drinking water from the Detroit River, as does the city of Windsor, contrary to what the member for Sarnia said earlier. He said we deposit raw sewage into the St. Clair River. It is impossible for the city of Windsor to do that. We are closest

to the Detroit River, and the flow of water would not allow that to happen.

As a member for the area, I am very concerned over what has transpired in the short time since the blob was discovered. I have to say earnestly I have great confidence in the Minister of the Environment. He has staked not only his personal reputation, but his political future, on the actions he has taken and the actions he will take.

I stand firmly behind the Minister of the Environment when he tells us, as he did, that he will be introducing new measures to ensure that the penalties we find not significant enough will be changed. When he says he is going to introduce a package to ensure the penalties are severe, frankly, I believe him.

I also believe some members of the House believe him as well, particularly the member for Oshawa (Mr. Breagh). I know the member for Oshawa believes entirely in what the minister is saying. The critic for the New Democratic Party, who sits right next to the member for Oshawa, believes him as well. I look across the floor at my friend the member for York Mills.

Miss Stephenson: I was just looking to see if the member for Oshawa was gullible.

Mr. Mancini: We talk about gullibility, but the gullibility took place prior to May 2, 1985. The gullibility took place when government documents were kept secret.

I am supportive of the minister because of the number of initiatives he has undertaken. Specifically, the most important initiative is to ensure that every document of concern that is received by his office is immediately made public.

When the minister was informed of the situation we are discussing today in regard to finding dioxin in treated water, he they very low levels of dioxin in treated water, he did not do what the former Tory administration had done in the past and would have done; he did not bury the information. He made the information public immediately to the members of the affected region. Then he met immediately with the leader of the official opposition and the leader of the NDP.

I can never recall a Tory Minister of the Environment doing the same thing. We are not sitting here behind a government trying to hide the facts or trying to diminish the seriousness of any particular situation. We are putting things on the table. We are letting the House know as soon as we know and we are trying to elicit support from all members to help the minister clean up the mess he has inherited.

I know the NDP has put forward some suggestions as to what the minister should do. With the information I have been given, we are taking steps in regard to the suggestions made by the NDP. For example, I am informed it was suggested by the NDP that we should install granular activated carbon filter beds in the treatment plant directly in the path of the chemical compounds. The minister has indicated he is willing to accelerate testing of the granular activated carbon filtering systems at the plant at Niagara Falls.

There is also a general misconception that the results of the study will be applicable only to the Niagara River. This is not true because it has been designed for other parts of the province as well. Those and other suggestions that have been made by the New Democratic Party are not being spurned by this government.

Mr. Breagh: They had better not be or they will not be a government very much longer.

Mr. Mancini: We signed the accord; it is up to them if they feel they cannot live with it. We are ready to go at a moment's notice. We are also willing to work in co-operation with the previous Conservative government.

I want to echo some of the concerns expressed by the member for Windsor-Riverside (Mr. D. S. Cooke) when he said there is some distrust of government in view of things that have happened in the past. It is easy for us to sit here and say we think the drinking waters are safe and we hope the general population will not only believe us but will support us in whatever further endeavours we wish to make. Everyone must understand the problems in Lake St. Clair, the St. Clair River and the Detroit River were not created overnight. This minister and this government, although firmly dedicated to protecting the environment, cannot clear up all the problems overnight. It is physically impossible.

I feel confident I can return to my constituency, particularly my home in Amherstburg, where we have a treatment plant right on the Detroit River from which we draw our water. I believe I can go home and confidently say the drinking water is safe and the Minister of the Environment has my confidence and that of the majority of the Legislature. He will do whatever is humanly possible to ensure that the drinking water used by the citizens of this province is such that ill-health will not be the result.

I want to thank members of the Legislature for listening to my comments.

Mr. Harris: I am pleased to have this opportunity to participate in the debate. It is

certainly a matter of significant concern, not only to the people in the area immediately affected but to all citizens of the province.

In a way, I am surprised the debate is taking place. It was only a few short weeks ago that I read, I believe in the *Toronto Star*, that the current Minister of the Environment was an environmentalist saint. It was a glowing article, a testament to the minister, the type of thing one normally finds in a fan magazine, and he was praised by various groups. I might add that even our friend the member for Lakeshore, whom I think is to be commended for bringing this matter before the House today, praised the minister for having displayed good intentions.

The member also said she was not sure she was ready to give him an A all the way through. From this motion under debate, I take it our friend has perhaps changed her assessment of the minister and would be more inclined to give him a D or an F for his performance here today.

Mrs. Grier: I would give him a B-minus today.

5:30 p.m.

Mr. Harris: I am not sure a B-minus would rate an emergency debate. His actions indicate an F. Many of my colleagues have said this is the first time these chemicals have been detected in treated water anywhere in Ontario. I think we all find this a little alarming and disturbing.

The minister would have us believe that the actual types of dioxins and furans found do not pose a threat to the health of the residents in the area. His words of reassurance do not convince me, nor do I imagine they do much for the people who must continue to drink this contaminated water every day.

Let us face facts. Dioxins are dangerous chemicals. Their toxicity has been widely reported throughout the scientific and medical communities. All the evidence is not in on these compounds. I question the minister's knowledge and the advice and information he has been given, particularly in the light of some of the statements he has made to this House in the past few months. The minister made repeated assurances that all these toxic chemicals found in the St. Clair River would not make their way into the water supplies of the local communities.

On November 8, 1985, the minister said in a press release: "Conventional water treatment will remove this dioxin"—meaning octadioxin from the treated water—"because dioxin has an affinity for clinging to particulate matter, which is easily filtered from the water during the treatment process."

On December 12, 1985, in a statement to this House, the minister said: "Conventional water treatment appears to remove dioxins from raw water due to that chemical's tendency to cling to particles, which are routinely filtered out." On that date, the minister announced there were no dioxins in the treated drinking water of the seven communities that were being tested. It is rather ironic that at the time the minister made the statement, samples had already been collected which would prove to contain dioxins and furans.

Consequently, these repeated reassurances on the part of the minister now appear to ring rather hollow. As well, the minister does not seem to have even believed his own words. While on the one hand he was telling everyone that the treatment facilities in place were sufficient to prevent these chemicals from entering the drinking water, on the other hand he was ordering powdered activated carbon for the facilities at Wallaceburg and Walpole Island.

Unfortunately for the residents of Wallaceburg, this effort does not appear to have worked. Dioxin was found in their drinking water at a level of 11 parts per quadrillion on December 2 and at a level of 16 parts per quadrillion on December 16.

The minister assured us that the treatment facilities in place were adequate. They were not. He assured us that the use of powdered activated carbon would protect the citizens of Wallaceburg from the "dangerous chemicals upstream." That is the minister's quote. It did not protect us.

Now he expects us to believe him when he says the dioxins found in the water do not pose a threat to the health and welfare of the residents in the area. I tend to agree with the remarks of the federal Minister of the Environment: "I think to quibble about one level or another of dioxin is to admit that some quantity of dioxin is acceptable in water from which people derive their drinking water. I say dioxin of the kind in question is unacceptable."

This is what we witnessed this afternoon in this House. We found it a little hard to believe that the Minister of the Environment refused, when asked to provide alternative supplies to these communities and any community in Ontario where dioxins have been or may be found in the drinking water.

He admitted that he is prepared to accept some levels of dioxin in drinking water. He is prepared to gamble with the health and welfare of the citizens of the province. I find this unacceptable, and the people of Ontario also find this unacceptable. We have a minister telling us it is all right to

drink water contaminated with dioxin. After all, as best he can tell, it might not do one any harm.

The people in the communities in the St. Clair River area have not been suckered in by these platitudes and vague assurances. It is my understanding many of them are already purchasing bottled water. In my mind, this is an expensive undertaking. Many people cannot afford to buy bottled water on a daily basis; yet by denying assistance, the minister has in effect said those who can afford it can rest easy at night while the poor must continue to wonder whether they are being slowly poisoned.

Consequently, I support the resolution put forward by the member for Lakeshore. It is apparent that despite the minister's assurances, there are no effective programs in place to remove these dioxins from drinking water. I am appalled at the attitude of the Minister of the Environment on this issue. His failure to act responsibly and protect citizens from these toxic chemicals demonstrates to me that his concern is not very great. He talks about cleaning up the source of these pollutants. We are all in agreement that this must be accomplished. He has not had much luck in doing this.

Surely the fact that 25,000 people have been told by the minister they must continue to drink dioxins for breakfast must be totally unacceptable to all members of this House and it must be unacceptable to the people of the province.

If I might presume to do so, I would remind the minister that his job is not to fix the blame, but to fix the problem. It is not his job to come up with excuses, but with solutions. As our friend the member for Lakeshore has noted in her motion, this government does not have any programs in place to resolve this problem. From what we have seen in the House today, it also does not have any idea of what to do next.

As a first step, the minister should act on this party's suggestion that the affected communities be provided with an alternative source of drinking water as an interim measure while we pursue more effective and permanent solutions.

Mr. Breagh: This is a remarkable occasion, because in the 10 years or so I have been here it is the first time I have heard anybody deem drinking water to be an emergency issue, that we ought to set aside the business of the House for the afternoon and debate it. In the decade or so since I have been a member, people have said: "Our drinking water is safe without question. There are problems but the public can rest assured."

Unlike some other jurisdictions where that assumption is not made, of which there are many in the world, the assumption has always been in this part of the world that drinking water is sacrosanct, that we have a supply which is ample, safe and reasonably well monitored. We have had federal and provincial ministries of the environment for some time now. Although that assumption has been there, some things have changed.

There is one notable change. Like everybody else here, I read public opinion polls. The public now has in the back of its mind enough information to say, "Warning signs ought to go out." The public has read a great deal about the quality of drinking water in Ontario. People have seen television documentaries and read newspaper articles. They do not understand it, as I do not, but they have come to accept that there is a major problem.

It would be a great political gamble for the government of the day to continue to bluff, as previous governments did, to say, "There is no problem and nothing for you to worry about." There is an understanding in the public now that this is a lie. It is simply not true.

One might choose to put it in scientific words the world does not understand or measure it in terms the world at large has no ability to comprehend. Only scientists working in the field use that language and only they can understand what is meant by parts per quadrillion and the different kinds of dioxins. That is a particular field, perhaps an imperfect one. Its language is alien to the general population. That is the truth. It talks about things the population cannot understand, because the scientists themselves do not understand them very well.

5:40 p.m.

It is a landmark to have this Legislature say this afternoon that there is an emergency of sorts. I have listened to the debate rage around whether this is a scare tactic, whether people should be allowed to talk about this. What patent nonsense. Most of us have at least a working knowledge of problems in water supply. We know that. Some of it is a little mundane. We are not able to finance separation of storm and sanitary sewers in our urban centres. That is not a very racy topic, but it is a problem of major proportions and we ought to know that.

There is a reason we are closing beaches all along the lake. It is not necessarily that some evil company is polluting the waterfront. Most often it is that a good, well-intentioned, regional or local municipality does not have the funds to do

what it knows it needs to do to protect the beaches.

There is a reason we are now finding traces of dioxin in our drinking water. It is something that will take a fundamental shift in government policy. I do not know whether this government has the guts to do it, but let me tell members what it is. We have worked on the assumption, spread by scientists and politicians, that we cannot do anything that will harm a body of water as big as the Great Lakes, just as we can always dump stuff in the ocean and never pay a price for that.

That assumption is wrong. We know it is wrong. We cannot regulate, we cannot monitor, we cannot allow industry to pollute on a regulated basis any more. We have reached that point in the history of the development of mankind, particularly in this part of the world. The concept that it is okay to pollute a little or to a regulated limit, or okay to pollute if we monitor or watch how polluted it is getting, is a notion that is gone.

We are turning the corner now to where we say any industry that decides to discharge some effluent into a water supply system, a landfill site or the air is going to have to discharge a substance that will not harm the population. We are going to have to say to our industries and to our population as a whole, however we might finance this great change in policy, there is no safe limit; there is a zero limit. If they discharge it into the Great Lakes, they must do so with no level. They must discharge it the way they got it: at a pure level.

Some people will say that is impossible. Some people will call it a revolutionary thought. It is just as revolutionary as when we began to say in this part of the country that cities and towns could not discharge raw sewage into the Great Lakes. I remind members that is a revolutionary concept in itself. We said for centuries: "All we have to do is dump this stuff in a big body of water and it will take it somewhere. It will all go away and never come back to haunt us."

I point out to the House that if we went to many American cities and said, "You cannot discharge raw sanitary sewage into a lake," that too would be seen as a revolutionary thought. It is pretty well held in Ontario that we cannot do that, but not all the provinces in Canada accept that concept. It is seen as a wild and wonderful, pie-in-the-sky proposal in jurisdictions not far from here. In fact, they are provinces that are cheek by jowl with our borders.

The next phase of the revolution is to move into the industrial sector and say: "We are sorry.

We know it is expensive, we know it is awkward, we know the technology is not quite as convenient or cheap as we would like, but the truth is we cannot afford to let you discharge effluent into our water system any more."

The reason I say we cannot afford to let them do that is simply that there is a little creek in my community that runs through the middle of Oshawa; in the silt at the bottom of it is probably every chemical of which one could think. For centuries, every industry in my town dumped raw sewage into that creek. It is coming back a bit, but we have a problem. In the silt at the bottom of that creek is stuff we know is harmful to everybody. If we move to dredge the harbour, the silt comes up again and the damage is there.

Sooner or later, the taxpayers of Ontario and the people of Oshawa will pay a very expensive price to clean up that problem. Sooner or later, the taxpayers of Ontario are going to pay a very high price to clean up the Great Lakes. That price tag is not getting any cheaper. In my view, it is simply a question of whether we shift gears now or wait until it costs us more money to do that later. We cannot afford to wait any longer to change that substantial part of the policy and part of our society as well. There is a cost and the meter is running now; it will not start when the government decides it has guts enough to do it. The meter is already running. The price tag is there and is getting bigger.

I congratulate this government for doing two things in a limited way. First of all, it has told people there is a problem. However meek, mild and wimpy that might seem as a statement, it is a major statement. I congratulate this government for doing one other thing. It has tried to correct the problem, maybe not as quickly, efficiently and as well as I would like it to, but it is trying to do something, and that is a revolutionary thought in Ontario policy.

The task is before us and the question is relatively straightforward. Do this Legislature and the people of Ontario have guts enough—because it is not easy—to take on the quality of water as a significant political problem that must be resolved and whose resolution must start now? All I can say is, I hope so.

Mr. Bossy: I wish to join with my colleagues today in addressing the motion of the member for Lakeshore.

The report published on Tuesday of this week by the Ministry of the Environment concerning dioxins has direct implications for the people of my riding of Chatham-Kent because Wallaceburg and Mitchell's Bay are in my riding.

Over the past few months, since the discovery and subsequent cleanup of the blob in the St. Clair River, I have met on several occasions with the minister and his officials, along with locally elected officials representing Wallaceburg and the surrounding communities, to address the concerns of my constituents over the quality of their drinking water.

Having identified the presence of dioxins in the area, this report requires that we as a government continue to monitor and address this situation without delay. For this reason, I feel it is the task of this government to identify the source of the dioxins. It is well known that any combustion sources, such as municipal, chemical and biological waste incineration or wood or fossil fuel combustion, produce dioxins if incomplete combustion occurs.

The most toxic form of dioxin, however, is produced specifically as a byproduct of various chemical manufacturing processes used in creating herbicides and pesticides. At present, in Ontario there is no chemical manufacturing of any pesticides or herbicides, such as 2,4,5-T or 2,4-D, in which dioxin contamination has been documented. The present government is determined to ensure that there is never any manufacturing of these chemicals in Ontario. Instead, the evidence suggests the current sources of the dioxins and furans in the environment are predominantly from incineration processes or the result of the use of products that contain trace amounts of the chemicals.

The dioxins and furans introduced into the environment by these means are usually a very complex mixture of different forms of the two chemicals. There are 75 different forms of dioxins and 135 types of furans. The amount of the most toxic form of dioxin, the 2,3,7,8-T₄CDD, is usually only a small fraction of the total dioxins and furans present.

5:50 p.m.

While all forms of dioxins give reasons for concern, we are relatively fortunate when compared to the United States. In that country, the most toxic dioxin is much more prevalent because of the history of extensive chemical manufacturing and waste disposal. However, we are slowly realizing that the problem of dioxin is not limited to any one region of Ontario.

At the press conference on Tuesday, January 28, at which the dioxin results were released, Dr. Peter Toft of the Department of National Health and Welfare raised the unsettling possibility that some forms of dioxin may indeed be a "universal contaminant."

The recent analysis carried out by the Department of National Health and Welfare on dioxin residues in the tissues of living and deceased individuals has indicated that the body levels of some dioxins can be found in a majority of the samples and often at low levels. The apparent conclusions from these results suggest that the dioxins are present at low levels in the Ontario environment.

A report in today's *Globe and Mail* states that trace levels of octachlorodioxin are found in human tissues taken from people all over Canada. The findings indicate that probably most Canadians have been exposed to low levels of the dioxin at some time and store the material in their body fat.

Concern over the safety of our drinking water and the need to identify clearly the sources of exposure to dioxins and furans resulted in an extensive study by the Ministry of the Environment. The results of that study were published last fall in a 536-page report entitled the Scientific Criteria Document for Standard Development No. 4-84. I want to review quickly what that document revealed about the sources of exposure to both dioxins and furans.

The document extensively reviewed the current sources of the chemicals in Ontario and concluded that in order of decreasing contribution to the environment, the sources were: (1) combustion sources, including municipal refuse and sewage sludge incineration; (2) use of chemical products, such as chlorinated phenols; and (3) other sources, such as transboundary water and air contamination, chemical wastes, commercial and domestic wastes, polychlorinated biphenyls, which are PCBs, and sewage.

Based on preliminary exposure assessment, the major routes of exposure in decreasing importance were: (1) the surrounding air in the vicinity of incineration sources; (2) diet, mainly some sport fish from Lake Ontario, and (3) surface water.

It is apparent from this report that the source of the dioxins found in the St. Clair River area may possibly include emissions into the atmosphere as well as the water.

When the minister released the dioxin-testing results in the St. Clair River area, he noted that even the city of Sarnia, which obtains drinking water from Lake Huron, had occurrences of dioxins in its treated drinking water. Although all the conclusions are only speculative at this point, the findings tend to broaden the range of possible sources beyond that of the blob alone.

At present, the actual sources of the octochlorodioxins are not known. However, the Ministry of the Environment is actively working with the federal government and other Ontario ministries to find and treat all sources of toxic pollution.

The Ministry of the Environment is conducting laboratory and field studies to identify specific sources of the toxic pollution. The ministry's new investigations and enforcement branch has expanded its original mandate to include a closer working relationship with both the environmental forensic scientists and the environmental prosecutors.

The ministry is expanding the scope and efforts of its Detroit, St. Clair and St. Marys rivers improvement team and its investigation of possible toxic contaminants in the St. Clair River area.

This government is looking at all possible sources and taking positive actions on them. We feel a balanced approach to the discovery of dioxins in the St. Clair River area is needed. Members of the third party have mentioned the need for safe and reliable methods of treating drinking water.

The minister has indicated the steps in the research and development of such systems that the government is taking. However, this government also feels the supply side needs to be examined. By addressing the emission of toxic contaminants in the lakes, rivers and atmosphere, the government is undertaking a balanced approach to the problem. All aspects are being dealt with.

Mr. Speaker: Does any other member wish to participate? If not, that completes the item of business before the House for the afternoon.

BUSINESS OF THE HOUSE

Hon. Mr. Nixon: I would like to indicate the business of the House for the remainder of this week and next.

This evening and tomorrow, we will continue second reading of Bill 94 on extra billing.

On Monday, February 3, in the afternoon, we will have second reading of Bill 65 on first contracts, followed by Bill 94, which will continue through Monday evening. There is a possibility of a division on Bill 65.

On Tuesday, February 4, in the afternoon and evening, we will have legislation in the following order as completed and if there is time: second reading of Bill 94 on extra billing; Bill 16 on public commercial vehicles; Bill 3 on trans-boundary pollution; Bill 70 on provincial offences; Bill 72 on powers of attorney; Bill 98 on foreign arbitral awards; Bill 34 on freedom of information; Bill 66 on business corporations, and Bill 68 on the Securities Act.

On Wednesday, the usual three committees may sit.

On Thursday, February 6, in the afternoon, we will have private members' public business standing in the names of the member for Beaches-Woodbine (Ms. Bryden) and the member for Frontenac-Addington (Mr. South).

On Thursday evening and Friday, we will continue with the legislation from Tuesday.

The House recessed at 5:57 p.m.

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Legislative Assembly of Ontario

First Session, 33rd Parliament

Thursday, January 30, 1986

Evening Sitting

Speaker: Honourable H. A. Edighoffer

Clerk of the House: R. G. Lewis, QC



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LEGISLATIVE ASSEMBLY OF ONTARIO

Thursday, January 30, 1986

The House resumed at 8 p.m.

ORDERS OF THE DAY

HEALTH CARE ACCESSIBILITY ACT (continued)

Resuming the adjourned debate on the motion for second reading of Bill 94, An Act regulating the Amounts that Persons may Charge for rendering Services that are Insured Services under the Health Insurance Act.

Mr. Harris: When I began my remarks on Tuesday evening, I indicated that I was not particularly pleased to enter into this debate because I was not particularly pleased the debate was taking place at all. I indicated negotiation, co-operation and other measures of working with the Ontario Medical Association, the federal government, individual groups of physicians or individual groups of specialists are far more the order of the day than this very heavy-handed piece of legislation. These are far more the order of the day if we want a quality health care system, such as the one we have had in Ontario, still to be in Ontario after this foolishness is finished.

I made reference to the short title of the act, which is probably the biggest joke of all: the Health Care Accessibility Act. The act has absolutely nothing to do with health care accessibility. As was predicted by many people, including members of my caucus, by physicians and by the OMA, the act is leading to accessibility problems. If the minister does nothing else, and he appears not to want to do anything with the act itself, perhaps he might be honest with himself and change the short title of this act to the Health Care Inaccessibility Act.

I also briefly commented that what makes this act even more scary for the people of Ontario—teachers, dentists, lawyers, architects, all the professional groups; unions and any collection of workers in whatever field—is that it is not an isolated case. It is the second very strong, overly heavy-handed piece of legislation introduced by this minister, supported by this Premier (Mr. Peterson) and supported by this fledgling, new, struggling, wandering government that Ontario has, a government that appears to be striking out on some very narrow, populist issues in an effort, for some reason or other in a short time, to try to

convince the population it can act and is not afraid to act.

When it comes to issues which its polling tells it are supported by large numbers of people, we have seen it is not afraid to act. I am really not sure whether to blame the minister entirely for this short-term, populist behaviour. The Premier has a very strong hand in this; the four horsemen have a very strong hand in this. It is not an effort to improve the health care system; the primary purpose is not even to ban extra billing. Its primary function is a political one, designed by those architects of political strategy behind the scenes to put an image on this government party that it is one that can act.

It is a very cowardly, despicable, low-life form of action when a party, for what I believe to be personal, partisan, political reasons, attacks probably the most fundamental service that has been built up and provided to Ontarians over so many years of careful negotiation and avoidance of confrontation.

There have been problems in the past. It is never easy. It is an ongoing struggle. However, when one preserves, and the end result is to preserve, it will be a far superior health system to the one that will result if the Premier forces his minister to carry on with this cruel joke on the people of Ontario compared to what was there before.

I mention that it comes in the context of Bills 54 and 55. Those two pieces of legislation together make this bill that much more scary for everybody in Ontario, for every group of workers and professionals.

Whatever profession one is in, when one decides to go into business in a province—in one case it is the pharmacist whose business is the retail business of buying from the drug companies at a wholesale price—he sets up an operation, builds his building, pays his capital costs, taxes and staff, and sells those drugs, along with other items in his store, to the people of Ontario.

8:10 p.m.

Then a government comes along—I guess it was the Conservative government, with the member for Muskoka (Mr. F. S. Miller) as the Minister of Health at the time; I am sure somebody will correct me if I am wrong—and

says: "We should have a government insurance program to protect some of the segments of society who are less able to afford medication, particularly the senior citizens who are at an age when their medication becomes more frequent. We will come up with an insurance plan to help alleviate that situation for our senior citizens."

So far, no problem. It could be a hardware operator; hardware stores could be next.

The government negotiated with the pharmacists and said: "We would like to put in an insurance plan for which we will pay the costs. Can we sit down and negotiate with you the fee you will charge based on this insurance plan?"

Unwittingly, the pharmacists during that period said: "That makes sense. We are not that concerned about who pays. We are independent business people. If the government is going to pay for an insurance scheme insured by the government, yes, we will co-operate. We will sit down and negotiate a fee schedule." Everything was worked out and away they went.

They entered into that agreement on the understanding that there would be negotiation and that it was for insurance, not state price-setting. It was not the state suddenly stepping in and saying: "We do not care what your costs are, what you think or what margins you think you need. This is what you are going to be paid."

Then it evolved into the formulary stage in the negotiations and what not. At that point, I suspect some pharmacists probably became a little unhappy, as any business person would, and said: "Now the government is setting these prices. It has not worked the way we thought it would. We have to negotiate with our own association."

There were problems, as one would imagine. Some pharmacists were able to buy cheaper than others and some had problems, but they reacted as business people always do. They formed co-operatives so they could buy better and they survived by the rules of the day.

One can imagine the same thing happening to operators of hardware stores. The government would say: "No more negotiations. We are not happy with what you are charging and the way it is going. We are having difficulty getting you to see our point of view, so we will tell you what you can charge for your products by legislation, not by negotiation." That is what happened to the pharmacists. That is what they are facing with this government.

Now we come to the doctors. I mention it and I thank you, Mr. Speaker, for allowing me to relate it. This bill in isolation may have been just

one little politically motivated thing that was a shot in the dark. However, it is clear to all the professionals in the province that whenever a populist cause comes along, whenever the government is able to engineer, by whatever means, a public opinion poll showing that 80 per cent of the public thinks bread costs too much—

Hon. Mr. Kerrio: It sounds like rent control and what the member's gang did.

Mr. Harris: If the minister wishes to join with me in expressing his concerns about rent control, I invite him to do so.

Hon. Mr. Kerrio: I am in favour of it. We have done it.

Mr. Harris: I am comfortable in expressing my concerns about rent control. I do not think he has heard me say anything different. I am very comfortable being on the record expressing my concerns about long-term rent controls.

Hon. Mr. Kerrio: The member cannot have it both ways.

Mr. Harris: I know. That is why I am expressing my concerns. I remind the minister that if he wishes to put his foot in his mouth and open his yap, he had better stand up behind it. I am prepared to do that. I have grave concerns about carrying on with rent controls, and I assume from his conversation that he does too.

Mr. Breaugh: The member for Nipissing did not even support his own throne speech.

Mr. Harris: I have no difficulty in saying that I have never supported every single thing that has been in any throne speech, my own or anybody else's.

Mr. Breaugh: On a point of order, Mr. Speaker: This needs to be clarified—

Mr. Speaker: Under what standing order?

Mr. Breaugh: Standing order 28(e). This party supported a speech from the throne that had this in it.

Mr. Andrewes: What is standing order 28(e)?

Mr. Speaker: I will look that up.

Mr. Andrewes: The member for Oshawa said that with an almost straight face.

Mr. Harris: Due to the loose lips of those around, I have digressed. I would like to get back to the situation with the medical profession. It is surely an honourable profession, one that has evolved in Ontario.

I do not know when the first medical school was founded in Ontario, but it is a profession that evolved in a way somewhat similar to the pharmacy profession. A doctor would go to

medical school, meet the qualifications of the Canadian Medical Association and the Ontario Medical Association and do all the things he had to do to get a licence to set up practice. He would put up his shingle, open his door and say: "Here I am. Here is what I charge. I am here to help you."

History has shown that long before the Ontario health insurance plan, insurance premiums and free health care, in every community throughout the province those who could not afford it just did not pay. Doctors did not get paid any money at all. But if there was a single case, surely they were very rare, isolated cases in which patients were denied access to a doctor for lack of ability to pay.

As medical care became more expensive and we came into a new age of technology, and with some of the diseases we have in the modern age, the possibility of disaster for a family or individual in a crisis increased. That was when health insurance was brought in, and nobody would argue against some form of insurance to protect an individual against a disease-related or health-related disaster. We had health insurance; we then had government health insurance in a joint-sponsorship role. We paid an OHIP premium and the government paid a share.

The government paid all of it for many citizens, such as senior citizens and those on incomes below certain levels. Then we got into problems as health care costs escalated. The ability of the government to fulfil the expectations of physicians was severely curtailed, and we had pretty tough negotiations involving the government and the plan and the physicians. That is predictable. Until this government took over, the fee schedule was always worked out in negotiation with the doctors.

I want to tie this to what has happened with the pharmacists and I would like to refer to some comments made by others. In particular, I wish to associate myself with some of the comments addressed to the Legislature by my colleague the member for Cochrane South (Mr. Pope).

8:20 p.m.

On January 14, the honourable member pointed out to the minister that "the people of this province believe we have one of the best health care systems. They are immensely satisfied. They do want to see some improvements, but they recognize this as one of the best health care systems in North America. They do not want the likes of the member tinkering with a very good health care system that is providing service to the people of this province."

"They do not want this negotiated through the Globe and Mail every week. They want the health care system to work because they recognize it is a good system."

Hon. Mr. Elston: They speak with one voice and certainly with one script.

Mr. Harris: No. I am going to quote several other members from all sides of the House.

"They want everyone to work at improving it, but they feel it is one of the best health care systems in North America and they are all proud of it."

He goes on to say: "We all have an obligation to recognize that fact and to try to work together in a co-operative way with the professionals, with the private sector, working together, not shutting them off from negotiations because they do not adopt the member's preconceived notions of the conclusions he wants. They want an open-door policy where the professionals, the patients, the people of this province all have a right to have their say and to talk to the Minister of Health."

In another part of that day, he made reference to some comments the minister made when he moved second reading of the bill:

"He said he did not want to see a two-tier health care system in this province, one for the financially disadvantaged and another for the so-called rich, as if that goal is somehow different from the goals that all of us in this House share; as if that was somehow different from the concerns of caring professionals who are practising medicine in this province; as if somehow he alone had that concern and he alone had the answer to resolve that concern and that the professionals had no role to play in that resolution."

I am very comfortable in associating myself with that viewpoint.

Mr. Haggerty: How is the member going to vote on it?

Mr. Harris: Is there some doubt about how I am going to vote on it?

Mr. Haggerty: You talked on the pharmacists' bill and you did not vote on it.

Mr. Harris: Was I not here for the pharmacy bill?

Mr. Gillies: The member was away that day.

Mr. Harris: Had I been able to cast a vote by proxy, I would have voted with my constituents. I will be voting with my constituents and with the people of Ontario when I vote on this bill. I am not sure what my party is doing. I am not committing myself to that. If I did not state it and

there is some doubt, I will be standing up under whatever forum we have for this vote and voting on this bill.

He went on to say: "It is the same attitude towards the pharmacists. Somehow they have no role to play in the resolving of this issue of drug costs in this province. Somehow they should be kept out of it. It is his right as the Minister of Health to dictate the settlements and he will let them know, when he introduces the legislation, exactly what they are going to be."

We talk about the fundamental importance of the quality of the health care system in the province, not only with respect to the involvement of the Ontario health insurance plan and the Ontario drug benefit plan, but also with respect to the role of individual professionals who understand their professional obligations. In the context of those professional obligations and of a deep personal concern for their patients, they want to make sure of a high quality of care at an affordable cost.

Our party is calling on the minister, the government and the Premier to work with those caring professionals and those associations. Let us resolve the issues of accessibility and universality that do indeed concern all of us in this Legislature.

I also share my colleague's viewpoint when he points out that section 3 says the minister will try to arrive at some mechanism. This reminds me of the Minister of Natural Resources (Mr. Kerrio,) who tells the anglers of the province: "I have not been able to negotiate anything with my Treasurer. I have not been able to assure you of anything, but I am coming to you anyway to say that in the event I might be able to negotiate something in the future I have not been able to get in the past, do you think you will support me on this?"

Hon. Mr. Kerrio: Is that section 4 of the bill?

Mr. Harris: It is section 3, but it reminds me of that. It is a silly way to proceed.

Hon. Mr. Kerrio: Those poor guys over there are hurting terribly.

Mr. Harris: This does not lay out the mechanism. There is no guarantee of a mechanism for the doctors of the province, who happen not only to be fairly important but also to be the important carriers of the health care system. There is no mechanism at all to give them some input into the fee discussions. The matter has not been resolved. It has been legislated, or attempted to be, but on a doctor-by-doctor basis it has not been resolved.

We agree that we need a resolution of the universality and accessibility issues. That has to

be our goal, but the government must do it through negotiations. It must work through the negotiation process to maintain this great health care system in Ontario in the same way it was created.

I want to refer to a few other remarks that were made later that evening:

"Everyone acknowledges, not that we have a perfect health care system, and that is the reason for some of the legislative changes, but that we have one of the best systems in North America.

"Its foundations are historic and relate to the respect and the involvement of individual professionals as private practitioners, not public practitioners, and to an atmosphere of co-operation and consultation among the various people who deliver health care services to individual citizens of this province.

"My viewpoint, and I think that of our party, is that whatever we do and whatever changes have to be made, we would be the first to admit that issues of accessibility and universality, as two of the five principles of the national health care system, have to be addressed by this government and the Legislature. While we are prepared to address and support moves to improve accessibility and universality, we think one has to move in the context of the existing professionals and their organizations in this province as they now exist."

There were a couple of other little points I wanted to make very briefly on those remarks. The member for Cochrane South spoke about specialty groups, and they particularly interest me because, as members know and the minister will know if he quits negotiating his forest management agreement, in northern Ontario there are problems attracting specialists and keeping them there for many of the specialty services.

8:30 p.m.

We understand in the north why we must travel to more regional centres, most of them in southern Ontario. We understand why there are some surgical procedures and pieces of equipment it is just not economical to have in every hospital and town throughout the province. However, there are still services that could and should be in the north and we must continually strive to provide them in northern Ontario and other areas of the province away from the centres.

With respect to specialty groups, we feel this legislation will certainly affect us in the north. When doctors are unhappy, when they look to alternatives to practising as civil servants in a

socialized state, the specialty groups are those that very likely will look to alternatives other than practising medicine in Ontario.

I suggest to the minister there has to be direct negotiation on some individual fee items. It may concern the Ontario Medical Association and the specialty groups. It may cause some problems, but perhaps it will be far less destructive than this piece of legislation. We offer this to the minister as one alternative. Our party hopes the minister will look at these alternatives.

In any set of negotiations, confrontation provides little gain. Our party cannot support or condone actions that affect patients in this province in the way they now are and in the disastrous way they could. We want to see high-quality health care continue. We want the doctors involved in it and negotiations with the doctors to end the impasse.

We want to protect the doctor-patient relationship as well as the accessibility and quality of health care to each and every Ontarian. The basis of that has to be an ongoing private and not public relationship between doctor and patient. That is the foundation of the entire medical care system and it always should be, no matter how the members opposite try to deny it, undermine it or ignore it. That is the foundation of health care in this province and that is what we want to see continue.

We do not want to see it deteriorate. We do not want to see world-class doctors potentially working six, seven, eight months a year because of ceilings. That is a very real possibility the way this government is going. We do not want to see confrontation. We do not want to see doctors who have always opted in and never extra billed before now deciding to pull out of the system.

I do not think the Minister of Health (Mr. Elston) or the Premier want to see it. Maybe the four horsemen want to see it, so the Premier can show how tough he is.

The governing party and its coalition partners really have to spend more time with the professionals of this province trying to address and resolve the issues before this legislation comes in. That is the main point the member for Cochrane South wanted to make.

Before the minister introduced this legislation, he should have gone into detailed negotiation. No matter how tough, no matter how much he is turned off by the OMA or any other group, he should keep at it. He should get into the issues on which he can agree, keep the doors open and continue with some of the other interests that we

in this Legislature all have a common interest in resolving.

I want to allude briefly to some of the feelings of people in my riding and to a few comments from those in other parts of the province. I would like to point out to the Legislature and to the minister the viewpoint of Dr. Philip Simms of Haileybury, which is just north of my riding in the riding of Timiskaming. I suspect, and I do not say this in a critical way, that the member for Timiskaming (Mr. Ramsay) likely will not want to share this viewpoint of one of his constituents, so I feel I should. It is a copy of a letter addressed to the Premier:

"I am writing to you about the recent proposed legislation, Health Care Accessibility Act, introduced to the provincial Legislature, December 1985.

"I very strongly oppose this legislation. I feel it infringes on my rights as a practising medical professional. I am an opted-in physician of my own choice. However, it is important for me that I retain the right as a professional to determine the worth of my services. I feel it does allow me to retain some autonomy for myself and for my patients from the government.

"I am a family physician, general practitioner, who is working full-time at the grass-roots level, seeing patients from all walks of life, including the not so financially well-off, disabled, etc., to those who are financially more fortunate. I am not aware of one single case where a patient was deprived of needed medical care from an opted-out specialist."

We know there are some examples which have to be addressed. This physician in Haileybury does not know of a single solitary one.

"I refer patients to both opted-in and opted-out specialists. I challenge you and your NDP colleague, Mr. Rae, to cite any examples of this.

"What worries me with this legislation is another example of government intervention, for not only political gains but a supposedly perceived problem which really is not a problem at all.

"I am afraid that if our present system continues to be socialized that within the not-too-distant future, five, 10, perhaps 15 years down the road, we will find ourselves with a health care system like our neighbour, Quebec. In fact, I read that you are in favour of their type of system. You obviously have not looked at it closely nor have worked within that system. I have first-hand experience, as I work in a community which is close to the Quebec border, and I see quite a significant number of French-

speaking, English-speaking and native Indian patients, from Quebec. They come over to Ontario because they can receive better health care. I find the Quebec regime overburdened with a huge bureaucracy, an underfunded, neglected hospital care system and a group of demoralized doctors. I would find it most unfortunate if our profession had to unionize to protect our professional and patient rights. However, this is a real possibility if this type of government intervention continues."

He goes on and relates another example:

"As another example, one just has to look at Great Britain where they have two health care systems, the public system which is there for the less well-off. I have first-hand experience working in that system during my training and the patients wait long periods for health care and the quality is less than ideal. Their second system is a private system, which is supported by the better-off, and naturally they get better health care.

"If our health system is allowed to evolve along the Quebec regime then the well-off members of our communities will find the health care they want with our large neighbour, the United States along our southern border.

"I would suggest that this legislation be dropped and leave well enough alone.

"I would suggest that you address the more important issues; such as underfunding of a number of large hospitals around the province, and a good example recently pointed out to the public is the Princess Margaret cancer hospital in Toronto."

That was Philip G. Simms, a doctor in Haileybury.

8:40 p.m.

To help the minister understand what is happening in North Bay, I wanted to read very briefly from an editorial about what the city doctors of North Bay think of the whole mess. On January 22, 1986, there was an article in the North Bay Nugget about what is happening here in Toronto. Little do they know some days. It says:

"Premier David Peterson laid down the law Tuesday for the Ontario Medical Association, saying his government has no intention of withdrawing a bill to end extra billing by doctors before the two sides meet to review the health care system."

It goes on with a few other things; then, talking about Dr. Myers, it says:

"Myers's letter said the government had refused the association's offer last fall to review

the health care system—including the billing question—and instead proceeded with a 'legislative hammer.'

"'In short, it was you, not we, who refused to negotiate,' said Dr. Myers, who added the association had provided assurances that 'the financially disadvantaged would be exempt from any direct charges by physicians' while such a study was taking place."

That was not a bad compromise to this heavy-handed legislation. The association basically said: "Withdraw the bill, sit down and negotiate. During that period of negotiation, while we are trying to find the solutions that you, the government, we, the doctors, and the people of Ontario want and deserve, we will at least guarantee that nobody financially disadvantaged will have to pay any direct charges."

We all know the response of the Premier and the Minister of Health. It had to do with putting something in one's ear.

I want to quote a couple of little sections of an editorial by John R. Hunt, who lives in Cobalt. The member for Cochrane North (Mr. Fontaine) may know John Hunt; he is very active in the mining industry and writes in support of it. He will not always agree with the minister. He did not always agree with the member for Nipissing. However, he brings out a couple of good points.

Part of his editorial criticizes the doctors. He does not criticize the doctors for their position or their stance, but for doing such a lousy job of communications that some people in the province actually believe the crap and hogwash that is being perpetrated about them with Bill 94.

He talks about a group of men and women who deal with thousands of people every day and yet who have almost completely failed to win public support, or even public understanding. That is because they have had some measure of confidence and perhaps trust—it appears it has been misplaced—in the public, in the politicians, in the government and in the Liberal Party. They have concentrated on their medical practice, whereas they probably would be far better off today had they concentrated on how to negotiate with governments. He says:

"On the extra billing issue, the doctors are morally right. They don't want to be denied the freedom to opt out of OHIP and charge what they like.... I think the doctors are right in fighting against the erosion of their freedom. There's not much more argument for government price-fixing for medical services than there is for fixing other prices."

Editorially, that is what the North Bay Nugget thinks of the legislation; at least what it thought on January 22.

On January 20, there was an article in my local paper reported by Bill Radunsky. He is a fine reporter with the North Bay Nugget. He refers to himself as the Nugget medical reporter, but he also reports on a number of other issues in North Bay. This is his report of a meeting held by the local medical association:

"Ontario Medical Association plans to demonstrate to the provincial government that doctors are unhappy with proposed legislation banning extra billing are similar to those already adopted by the North Bay and District Medical Society.

"Society president Dr. Howard Eckler said he was pleased with the protest measures established by the OMA council on the weekend, which fall in line with local thinking.

"The idea is not to adversely affect patient care, since the doctors' battle is not with the public but with the government, he told the Nugget this morning. Dr. Eckler attended the OMA council meeting.

"The OMA is urging Ontario doctors to pull out of OHIP and extra bill for each service they perform. The amount charged above the set OHIP fee schedule is expected to be largely token.

"Opting out of OHIP was the tactic adopted by the North Bay society at its meeting last Wednesday, which was attended by 65 of the approximately 70 local members."

It is not just the president speaking; it is 65 out of 70, which appears to me to be a greater turnout than I have seen for any ratification vote of any union in Ontario. Perhaps I am wrong, but it sounds higher to me. It is certainly a higher percentage than we as politicians are able to attract to the polls to vote for or against us, whatever the case may be. It is pretty well unanimous.

"Most members are North Bay physicians, although there is a smattering of doctors from communities surrounding the city.

"When a doctor opts out, it means instead of OHIP paying the physician directly for medical services rendered, OHIP pays the patient, who in turn is responsible for paying the doctor.

"North Bay's decision to opt out in protest actually follows Timmins's lead. Timmins doctors had made the same decision a few days earlier."

The report continues:

"After last Wednesday's society meeting, Dr. Eckler said: 'We felt that it (the legislation) was a

heavy-handed kind of act with inappropriate fines.'

"He said while the name of the provincial bill is the Health Care Accessibility Act, nowhere does it address the business of accessibility.

"It's a catch-phrase the government is going to be using. It's a lie they're perpetrating.'

"The act prohibits extra billing and sets fines for failure to comply at as much as \$10,000."

That is what 65 of the 70 doctors in North Bay and area think of this minister, of this Premier and this government. They are liars.

The Acting Speaker (Mr. Morin): Order.

Mr. Harris: I am sorry, can I not read?

The Acting Speaker: Order.

Mr. Epp: On a point of order, Mr. Speaker: I believe the member has used unparliamentary language. I believe he should withdraw it.

Mr. Harris: I was reading from the outset.

The Acting Speaker: May I ask the member for Nipissing if he said the members of this House were liars?

Mr. Harris: Oh no, Mr. Speaker.

The Acting Speaker: Can I hear what you said?

Mr. Harris: Sure. I will be glad to go over it all. Let me go right back to the Nugget of Monday, January 20. Perhaps it is going to have to be put back into context because the minister appears to be—

The Acting Speaker: Order. Will you please answer my question.

8:50 p.m.

Mr. Harris: I did answer your question. I did not say that I said they were liars. I was quoting an article in the North Bay Nugget. It was Dr. Howard Eckler. If that is in order, Mr. Speaker, I will not go back over it; if it is not, I will.

Mr. Gillies: I think the member should go back over it.

Mr. Harris: Do you want me to go back over it, Mr. Speaker?

The Acting Speaker: Yes.

Mr. Harris: Or should I leave it and carry on?

Hon. Mr. Kerrio: The member should do what he will. We are listening.

Mr. Harris: I just want the House to know that even though I was challenged on my statement, the Speaker has ruled I was in order. It was a good ruling.

I will refer to the Legislature and to the minister a letter I received from Dr. F. James Brennan. It was addressed to the Premier. I have

a note to myself to read this whole letter. That means I agree with the whole shooting match:

"Dear Mr. Peterson:

"I think you should be aware of my feelings as I consider the implications of the proposed Health Care Accessibility Act, 1985.

"In the 10 years that I have been in practice in Ontario, following six years of medical school and eight years of post-graduate training, I have attempted to furnish to as many patients as I could handle the best medical care I was able to provide. Accessibility of patients to me by appointment has been limited only by the constraints of time—it is possible to deal adequately with only a limited number of patients in a given period of time. Accessibility to me in medically urgent situations when I have been on call (an average of 100 hours per week, 52 weeks per year) has been absolutely unrestricted. No patient has ever complained that I have been unavailable when needed or that I was too highly paid for my services. Indeed, not only have I always accepted the OHIP rate for my services as payment in full, but also the terms of my appointment in the faculty of medicine, Queen's University, include a provision whereby all my professional income above a negotiated ceiling goes to the university. I am aware, of course, that the vast majority of my patients have no idea what I have been paid for looking after them, but I cannot recall one who has asked.

"I infer, therefore, that in terms of accessibility and fees charged, my patients have been satisfied with the service I have provided. You and your government state, however, that there is widespread dissatisfaction among the people of Ontario over the way in which doctors are paid and that excessive fees are hindering access to good medical care. If my patients truly support your position, then I feel betrayed and emotionally unrewarded for the services I have rendered.

"In my practice I attempt to establish a doctor-patient relationship based on mutual trust and confidence. If I am to believe that you are carrying out the wishes of my patients in order to remedy a fault in my practice of which no patient has complained to me, then obviously I have lost that trust and confidence. Without it my only rewards for looking after a sick patient are the fee I receive and the intellectual satisfaction of solving a medical problem; i.e., of treating a disease rather than a patient. This is not the climate in which I wish to practise medicine. I cannot believe that this is the climate in which the people of Ontario wish medicine to be practised.

"As concerned as I am about the above issue, as a citizen of a free society I attach much more importance to the effects of the proposed legislation on my personal freedom. Heretofore I have always felt free to choose whether or not to accept the OHIP benefit as payment for my services. If working within OHIP is like being in prison, being able to opt out and extra bill is like possessing a key to the prison door. Freedom is available to me and, therefore, I am free. Without it, I am a slave. I find particularly galling your public pronouncements to the effect that most doctors"—

Mr. Morin-Strom: Mr. Speaker, on a point of order: Do we have a quorum?

The Acting Speaker ordered the bells rung.

8:59 p.m.

The Deputy Speaker: A quorum is present. The member for Nipissing.

Hon. Mr. Kerrio: Mr. Speaker, I do not see a quorum of Tories.

The Deputy Speaker: Order, member for Niagara Falls. The member for Nipissing has the floor.

Mr. Harris: I am delighted the member for Wentworth North (Mr. Ward), the parliamentary assistant to the Minister of Health, has joined us—

Hon. Mr. Elston: He has been here all along. We have been here together.

9 p.m.

Mr. Harris: The minister should not get that hurt look on his face. The minister has been here all along, but I am delighted the parliamentary assistant is here. Has he been here all along?

Mr. Pope: The whip is here too.

Mr. Harris: The member for Brampton (Mr. Callahan) is here, so we are ready to roll again.

Before I was interrupted by the government's inability to keep a quorum in the Legislature—

Mr. Polsinelli: Mr. Speaker, on a point of order: Being a new member of this Legislature, I wonder whether it is appropriate to conduct the business of this House with 22 Liberal members and six opposition members present.

The Deputy Speaker: Yes, it is.

Mr. Gillies: Mr. Speaker, on a point of order: The honourable member is a new member, but anyone could tell it would take 22 Liberals to equal the six opposition members.

The Deputy Speaker: That is not a point of order.

Mr. Harris: I believe I was quoting from a letter from Dr. Brennan, whose views I want to

share with the Legislature and associate myself with.

The Deputy Speaker: The member will be reading excerpts from the letter and not the whole letter.

Mr. Harris: Exactly. I would assure the Deputy Speaker that I will quote only those sections with which I wish to associate myself.

Mr. Pope: Answer the question from the member for Brampton.

Mr. Harris: Did the member for Brampton have a question?

Mr. Callahan: No. I will give the member a little bit of leverage, and then I will rise on a point of order.

Mr. Harris: Dr. Brennan says: "I have lost that trust and confidence. Without it, my only rewards for looking after a sick patient are the fee I receive and the intellectual satisfaction of solving a medical problem, i.e. of treating a disease rather than a patient. This is not the climate in which I wish to practise medicine. I cannot believe this is the climate in which the people of Ontario wish medicine to be practised.

"As concerned as I am about the above issue"—I believe I was just around this point—"as a citizen of a free society, I attach much more importance to the effects of the proposed legislation on my personal freedom. Heretofore, I have always felt free to choose whether or not to accept the OHIP benefit as payment for my services. If working within OHIP is like being in prison"—and this is the point I was at—"being able to opt out and extra bill is like possessing a key to the prison door. Freedom is available to me, and therefore I am free. Without it, I am a slave.

"I find particularly galling your public pronouncements to the effect that most doctors, because they do not opt out of OHIP, do not care about the abolition of opting out. Nothing could be farther from the truth. Do you really believe that any doctor, or any other responsible citizen of a free society for that matter, could be apathetic to legislation which imposes a form of slavery upon him?"

"If you were to attempt to force everyone to work for the state, you would be faced with open rebellion. By imposing such legislation on a small and particularly defenceless segment of the population, you are doing something worse. This is a shameful and cowardly act.

"Within the limits imposed by the ethics of my profession, which are much more stringent than the limits imposed by the laws of the land, I will do everything in my power to prevent passage of

this repugnant legislation. If I and those who agree with me fail, then the options available to me will be:"—his first option, should the government be successful in ram-jamming this stuff down our throats—" (1) to retire from the practice of medicine and find a different job if I wish to remain in Ontario where I was born and have lived 39 of my 42 years as a free citizen; (2) to move to a different province or, more likely, a different country if I wish to continue to practise medicine in an atmosphere of professional freedom; or"—his next option appears to be the one the minister, the member for Brampton, the Premier and members of the third party seem to feel will happen; they feel doctors will not leave the province or the country and will not go into some other profession; they seem to feel doctors will exercise this option—" (3) to continue to practise medicine in Ontario, providing care to citizens who I feel have betrayed and abandoned me and who, therefore, have no right to expect me to regard them as anything other than organisms harbouring diseases which I am required to treat by a master whose primary concerns about medical care are that everyone gets the same and that it does not cost very much.

"The third option is the one that offers the path of least resistance and is probably the one which will be taken by most doctors. Regardless of which path each individual doctor chooses, however, medical care in Ontario will be in a much sorer state than it is now. This will be your responsibility and your legacy to the people of Ontario."

For some reason or other the Premier, the minister, the parliamentary assistant and the member for Brampton appear to support that view. He points out in the letter that his curriculum vitae is enclosed, but I want to skip that part so I am not quoting the whole letter verbatim. I would like to flip right over that sentence and go to—

Mr. Pope: I want to hear that sentence.

Mr. Harris: Which one? "My curriculum vitae is enclosed"?

Mr. Pope: Yes.

Mr. Harris: No. I would like to skip that. If members want to hear it, they can wait. There are other honourable members who will be speaking. They may be quoting from sections of this letter themselves.

"I am not a political activist and this letter represents my first attempt to exert any direct influence on those who make the laws at any level of government. My financial interest in the proposed legislation is much less than that of the

average Ontario doctor, as noted above. I am otherwise just an average medical practitioner striving to maintain a high standard of practice against increasingly formidable odds, and an average citizen of Ontario who is appalled that a small group of citizens, whose value to society is acknowledged to be high, is in danger of having its economic freedom forcibly removed for the 'good of society.' "

Mr. Pope: Just a second. Do you know the minister is now signing letters of apology over there; apologies to doctors?

Mr. Harris: "A society which will tolerate this is not a good society"—

Mr. Pope: Are you listening to me or not?

Mr. Harris: The minister is not signing letters of apology to the doctors.

Mr. Pope: I thought he was.

Mr. Harris: He is signing fund-raising letters.

Mr. Pope: Fund-raising letters?

Mr. Ruprecht: I would not drink that water, Mike.

Mr. Harris: Who said that? Was it the member for Parkdale who suggested I not drink the water?

The letter ends, "A society which will tolerate this is not a 'good' society and does not deserve to be free.

"Yours sincerely, F. James Brennan, MD."

9:10 p.m.

I would also like to put on the record some of the concerns of Dr. Earl Myers, president of the Ontario Medical Association. They are concerns he expressed about the Health Care Accessibility Act, which we say is the health care inaccessibility act.

The minister has indicated that the viewpoints of Dr. Myers are not unbiased comments. They are not unbiased; they are biased. They are representative of the doctors' position. They sound similar to some of the statements we heard on Tuesday evening from the member for Humber (Mr. Henderson).

"The executive committee of the Ontario Medical Association met this morning in an emergency session to discuss the implications and ramifications of the legislation introduced yesterday by Ontario Minister of Health Murray Elston.

"It is the conclusion of the executive that the so-called Health Care Accessibility Act is not only an excessive and oppressive use of government power, but also a slur on a profession which

has an unparalleled record of public service to the people of this province."

Mr. Callahan: Who wrote that? It is very nasty.

Mr. Harris: This is a statement by Dr. Earl Myers, president of the OMA.

"The legislation purports to deal with access to health services, but all it will achieve is to deny the right of a physician to make a simple contractual agreement with his or her patient, a right held by every other professional in our society. That in itself is an act of outright discrimination against all physicians, whether opted in or opted out.

"The Ontario Medical Association has told Premier David Peterson on numerous occasions that access by patients to required medical treatment is being denied every day throughout the system; for example, inadequate facilities for the aged both in institutions and in the community, lack of accessibility to timely cardiac and other surgery, and lack of accessibility to adequate mental health services to a large portion of the community. We have pleaded with him to address the true problems of accessibility in co-operation with us. Only such a co-operative effort will work. However, we have been unsuccessful in our efforts.

"Accessibility is not being denied—nor has it ever been denied—by physicians because of their billing practices.

"What the government of Ontario is doing with this legislation is perpetrating a lie"—in other words, he is calling the government and the Liberal Party liars—"while at the same time deceiving the population of this province as to the true reasons why legitimate access is being denied patients for inordinate periods of time.

"The legislation is an act of violence against the medical profession of this province. The financial penalties included in the legislation are so far out of proportion to the offence as to be ludicrous. It is also a farce when it states that physicians may opt out but not charge above the OHIP level. Such an empty concession makes a travesty of professional freedom. It is meaningless and a further perpetuation of the lie.

"Finally, our overriding concern is that if this legislation passes into law, an angry and alienated profession may be less willing to provide its traditional accessibility to the people of Ontario because of this government's heavy-handed actions.

"In the next few days the OMA will be informing its more than 17,000 members of how this legislation will affect them as supposedly

self-governing professionals. Once that has been accomplished, then we will address what strategies are open to us as a profession to fight this act of unjustifiable intervention and conscription."

That was back on Friday, December 20. It was quite a nice Christmas present for the members of the OMA, and since that time they have not changed their minds. They have repeatedly asked the Premier and the minister to sit down and negotiate, to withdraw this bill while they worked out the problems together. The Premier, the minister, the parliamentary assistant—

Mr. Pope: The member for Humber agrees.

Mr. Harris: No, the member for Humber does not. The rest of them do, though, including the member for Sault Ste. Marie (Mr. Morin-Strom), who, if he is wondering when he is going to have an opportunity to speak, will have an opportunity to speak this evening and give his views on this legislation. He may also want to comment on where greenhouses should be located in the province but we will leave that up to him to decide.

I have pointed out that the vast majority of the North Bay and District Medical Society has voted to opt out of the Ontario health insurance plan because of its concerns with the Liberal legislation. There are special problems in northern Ontario that the legislation does not address, and I have touched on them several times throughout my remarks. Worse than that, it does not attempt to address them. There is already a shortage of doctors and specialists and this legislation will worsen this problem.

I have not mentioned a letter to the editor from Dr. Alan Aylett, which also appeared in the North Bay Nugget.

Mr. Callahan: Mr. Speaker, on a point of order: I bring to your attention standing order 19(d)4, which refers to a member who is reading "unnecessarily from verbatim reports of the legislative debates or any other document."

I would not want to indicate that I was playing favourites when I rose on a point of order with reference to the member for Cochrane South. Surely these matters could be tabled if he considers them of such importance, recognizing that if there are only five Conservative members in the House it cannot be a matter of great importance to them.

The Deputy Speaker: May I discuss with the member for Brampton his point of order? That was not an appropriate point of order because I had already mentioned this to the member for Nipissing and he assured the House he was going to read only excerpts and not whole letters.

Mr. Callahan: With all due respect, Mr. Speaker, that last letter was read from "Dear whoever" to "Yours sincerely."

The Deputy Speaker: That is not a point of order.

Mr. Harris: This is a new point.

The Deputy Speaker: No. Order. The member for Nipissing will please resume his seat. I have ruled on that point of order. The member for Cochrane South is ahead of you on a new point of order.

Mr. Pope: On a point of order, Mr. Speaker: I happen to agree with the member for Brampton, but in any event I do not see a quorum.

The Deputy Speaker ordered the bells rung.

9:14 p.m.

Mr. Polsinelli: On a point of order, Mr. Speaker: I was wondering whether you could indicate whether it is appropriate for the member for Cochrane South, as a Conservative member of this House, to call for a quorum when there are only five Tories in attendance.

The Deputy Speaker: That is not a proper point of order.

Mr. Harris: Before I was interrupted by the government's inability for a second time this evening to maintain a quorum in the Legislature, I was referring to a couple of excerpts from a letter to the editor of the North Bay Nugget by Dr. Alan Eckler. He stated:

"Over the next few weeks we will all witness a conflict during which the Ontario government will attempt to make medical doctors civil servants. For those of you with a reasonable intellect, you will surely believe that the issue of extra billing is a socialist red herring and vote-getter."

Those were some of the statements made by Dr. Eckler. I do not want to go into his whole letter. He quotes from a rather long dissertation in one of Ayn Rand's books, *Atlas Shrugs*. If some of the members have not read that book, I can bring it in and read it into the record.

Mr. Pope: Is the member wondering why a doctor does not believe in the government any more?

The Deputy Speaker: Order.

Mr. Harris: He quoted some excerpts as well.

Mr. Gillies: I have a letter here.

The Deputy Speaker: Order. The member for Nipissing has the floor, please.

Ms. E. J. Smith: Ayn Rand believes in survival of the fittest. That fits into the member's philosophy pretty well.

Mr. Harris: Let me go on with some of the other statements from doctors in my riding.

Hon. Mr. Ruprecht: On a point of order, Mr. Speaker: Will you kindly instruct the member to make sure he does not read unparliamentary language into the record?

The Deputy Speaker: That is not a point of order.

Mr. Harris: Mr. Speaker, that is a fair point. We may want to show the proper decorum and respect for this Legislature by addressing the member for Parkdale (Mr. Ruprecht) properly when he comes in. Is that the junior minister?

I would also point out to the member for Parkdale that if some people in the province think some of the statements by the Liberal minister and Premier are bald-faced lies, it is only fair for me to read those into the record as they have stated them.

Other doctors go on to say: "The very real issue cannot be extra billing, because very few doctors in Ontario extra bill. This is one way of recognizing special qualifications, special talents and expertise, and the right of professionals to make contractual arrangements with their clients. No one forces us to go to doctors who extra bill and, with virtually no exception, those doctors who do extra bill make special arrangements or forgo the extra billing, depending on their patients' personal financial circumstances."

That is the way medicine is practised in North Bay and that was the way medicine was practiced in North Bay before this legislation was introduced. Now there are problems in the system.

One other says: "This legislation is another example of Liberal confrontation as opposed to negotiation. The medical community has indicated a willingness to negotiate, but the Liberal government and its leader have stated repeatedly, 'There is no room for negotiations.'"

9:30 p.m.

Before I finish with my first file this evening, I want to associate myself with some, though not all, of the remarks of the member for Humber. I thought he gave a very thoughtful and excellent speech in this Legislature on Tuesday evening. I do not intend to rehash it. Before I go into some of the points on which I disagree with the member for Humber, I will associate myself with just a few of his points that said it perhaps better than I could, and struck a strong cord with me.

He stated: "2. I do not wish to defend so-called extra billing. Excellence in health service rests on the wish of men and women to be their brothers' and sisters' keepers. It is an important

milestone in human civilization that access to first-rate medical care has become a right, not a privilege. Extra billing, as presently practised, may threaten equality and accessibility, although, to be fair, physicians' services are already more equal and more accessible than virtually any other area of professional endeavour."

They are far more accessible than the Premier and the minister have been to the Ontario Medical Association.

Mr. Mancini: You know that is not true, Mike.

Mr. Harris: The member for Essex South has accused me of uttering an untruth and I ask that he withdraw it.

The Deputy Speaker: I also heard it. Does the member for Essex South wish to withdraw it?

Mr. Mancini: Mr. Speaker, I am not sure what I am supposed to withdraw. Could you please help me?

The Deputy Speaker: The member for Essex South said, "You know that is not true, Mike."

Mr. Mancini: That is true.

The Deputy Speaker: Would you mind withdrawing the allegation of not being true. Is that correct?

Mr. Mancini: The whip says she needs me here tonight, so I will withdraw it.

The Deputy Speaker: Thank you.

Mr. Harris: I would not want to be unparliamentary, so I will not question the whip's comment of the necessity for the member to be here. I will pass right over that. Thank you very much, Mr. Speaker, and I thank the member for Essex South.

Ms. E. J. Smith: I am standing here with my daggers.

Mr. Harris: Is there a surgical fee? Is the member opted in?

If I could get back to the subject, the member for Humber made another points. He stated: "3. The billing practices of physicians are imperfect; so are the billing practices of lawyers, dentists, architects, psychologists and practitioners of many or most other areas of professional endeavour. Still, improvements in the billing practices of physicians are required, and we should try to achieve that without compromising excellence of service.

"4. Medical practice rests on an historical tradition, thousands of years old, of physicians dealing directly with patients at arm's length from politicians and government. The proposed

Health Care Accessibility Act, in my view, substantially alters that historical tradition. I fear it does so with too little real dialogue, consultation or negotiation with physicians representing the mainstream of seasoned clinical endeavour.

"5. Rarely in the history of democracy, in my view, has any legitimate profession been so curtailed by the state in its freedom to negotiate a simple, contractual agreement with a client. Insurers, even government insurers, rarely try to dictate the value of goods or services. Rather, they spell out the amount of coverage."

I agreed with almost all the member's viewpoints, but I will point out the few differences I had. I do not want to read them all. By leaving some out, I do not want the members to think I do not agree with those points. However, I want to highlight a few.

He stated: "7. The Health Care Accessibility Act, with its \$10,000 fines and other severe measures, will have the effect, perhaps not fully intended, of placing physicians and other clinical services under the rather direct control of politicians and government, in effect conscripting them to the state."

"8. Experiments in other jurisdictions whereby physicians have in effect become employees of the state have not fostered first-rate clinical care. When all the doctors in a particular society are controlled and accountable to the state, they are not able to do their best work. Do we want our children to get medical treatment from a state monopoly?" This is the viewpoint of the member for Humber. He makes another point a little later:

"11. Perhaps physicians, like the judiciary, should retain an arm's-length relationship with politicians and government. That may be especially so because physicians, unlike the judiciary, serve not the state but individuals and families. Physicians should, accordingly, retain a large measure of accountability to the individuals and families they serve, with suitable safeguards provided by the state. An arrangement whereby all the physicians in a society report to government is ill-advised." That is another viewpoint of the only physician in the Liberal caucus and one whom the Liberal caucus insists on ignoring.

"13. These considerations have not...been adequately addressed. The Health Care Accessibility Act proposes to alter fundamentally a system that has stood the test of time for thousands of years and that has fostered development of a health care system which is, though imperfect, perhaps the finest and fairest in the world. Compare health care with legal services,

where justice is sometimes a luxury affordable to the rich." The member for Cochrane South, who is a lawyer, might want to hear this part.

The Deputy Speaker: Order. The member for Cochrane South is not in his seat.

Mr. Harris: "Of course, improvements...may be required, but the Health Care Accessibility Act in its present form is excessive and ill-advised."

"14. The Ontario Medical Association states that it has long taken the position that there are many problems in the health care system needing to be addressed. It wishes to negotiate about all of them. Extra billing can be on the list. Perhaps we could respond to its willingness and negotiate in earnest with Ontario's physicians, respecting their traditions and expertise and treating physicians as partners in the delivery of health care services."

"Physicians have real concerns and real fears about the health care of Ontarians. We should try harder to appreciate their views. It is not good enough in a democracy to say to a group of respected and highly trained professionals, or...to any group: 'No. We will negotiate only the means by which we propose to achieve your compliance with our view. Other matters will have to wait. Your view is not legitimate.'"

The member pointed out, quite rightly: "Such a stance by any name is not negotiation. A labour union would not tolerate being treated in an analogous way. How could a government say, 'We want to negotiate, but our position is non-negotiable?'"

9:40 p.m.

Those remarks speak for themselves. While many heard them, very few of those in a position to do something about them listened.

I am quoting the member for Humber, and I want to quote one part towards the end of his comments to the Premier and the minister. He says:

"Let us address this problem of extra billing because it is a problem sometimes, in some places and in some fields. Let us address that problem decisively and with vigour, but let us not wreck our health care system in the process."

That is what we have been trying to say since last fall. That is what the Ontario Medical Association has been trying to say. Unfortunately, those who can do something about it have not been listening.

Mr. Epp: The member should remember the dispute in 1982 when they said the same thing about him and his colleagues.

The Deputy Speaker: Order.

Mr. Harris: The member for Humber was not even elected in 1982.

He goes on to say: "Let us fine-tune a world-class system and make it better. Medical treatment is too important, too life-or-death, too critical for solutions that reject the mainstream of seasoned professional input."

That probably comes to the crux of the problem. Unfortunately, in the Liberal government, in the Premier, in the Premier's office, in the four horsemen behind the Premier's office, in the Minister of Health and his parliamentary assistant and in that caucus, we do not have seasoned professional politicians to negotiate with seasoned professional doctors.

Mr. Sargent: Who said that?

Mr. Harris: I said that. I do not want to associate the member for Humber with that. Those were remarks from the member for Nipissing. However, the member for Humber does state:

"Sometimes the state can say to the people: 'Wait a minute. Have you really thought about this? Have you really thought it through?' Sometimes the people can say to the state: 'Wait a minute. That is not the kind of state we want to have. We want to have an open...flexible, democratic state where problems are resolved by negotiation, reason, maybe compromise, and certainly mutual understanding and respect.'"

How disappointing it must be for the member for Humber to try to address his colleagues in caucus.

Mr. D. W. Smith: He is still a good Liberal.

Mr. Harris: He is an excellent Liberal. He is the only good Liberal sitting in this Legislature.

I want to conclude the first file I have in front of me. This is the last document in that file.

Mr. Andrewes: Did the member bring the other file with him?

Mr. Harris: I have other files. If I am provoked, I will be forced to delve into the other files.

Experience in the recent past indicates that approximately 12 per cent of all doctors in Ontario extra bill, and the members of that group do not do it all the time but rather 25 per cent of the time. This means that many, if not most, of the physicians who apply this extra charge for their services apply it only in some cases and not in others. In fact, in the vast majority of cases the opted-out doctor does not extra bill his or her patients. Recent patterns would indicate that only

three to four per cent of all Ontarians in the course of a year are extra billed.

That is the problem we are trying to solve with this massive sledgehammer. That is the little tack that has to be tacked in to close the loopholes on our health care system with which this government proposes to come in with a 20-inch spike and a 40-pound sledgehammer.

With that background and those figures in mind, it is helpful, in order to put this issue totally in context, to take a brief look at the recent legislative history as it relates to extra billing.

The Canada Health Act was passed by the federal Parliament more than a year ago, and it provided the government of Canada with the authority to withhold one dollar of transfer payments to the provinces for every dollar that was extra billed above and beyond Ontario health insurance plan fees by any physician in Ontario and in—

Mr. Gillies: On a point of order, Mr. Speaker: It pains me to bring to your attention that for the third time this evening the government has failed to provide the House with a quorum.

The Acting Speaker ordered the bells rung.
9:51 p.m.

The Acting Speaker: A quorum is present. The member for Nipissing.

Mr. Harris: I am delighted to see some of my colleagues have been won over by my opening introductory remarks; as I get into the main body of my speech, perhaps I will be able to win more over.

Before I was interrupted for the third time this evening because the government was unable to have a quorum in this Legislature, I believe I was talking about some of the history of what led us to this situation. I was at the part about the Canada Health Act being passed by the federal Parliament more than a year ago.

Mr. Mancini: The member should make sure he tells the truth.

Mr. Haggerty: Would the member mind repeating what he said at 8 p.m.?

The Acting Speaker: Order. The member for Nipissing has the floor.

Mr. Harris: Thank you, Mr. Speaker.

It provided the government of Canada with the authority to withhold one dollar of transfer payments to the provinces for every dollar that was extra billed above and beyond the OHIP fees by any physician in Ontario and in the other provinces. In the case of Ontario, this amounts to approximately \$4.4 million per month, or \$50

million per year, out of a total OHIP budget of roughly \$2.2 billion.

This federal legislation, known as the Canada Health Act, also allows for these withheld funds to be released to the province in question if, within three years, they outlaw the practice of extra billing by doctors.

Why three years? I suggest that in their wisdom the federal legislators of the day concluded it might take up to three years of negotiations. In fact, it probably will take up to three years of negotiations provided the government is serious about negotiations. However, we have had a government for the past seven or eight months—it is amazing how much chaos can be caused in that period of time—that is not serious about negotiating.

That brings us to the situation we find ourselves in today at Queen's Park. The Liberals, prodded—or encouraged or enjoined; from whatever viewpoint one wishes to look at it—by their friends in the NDP, have introduced legislation to ban extra billing; and they have done so, I might add, without any manner of consultation with the medical profession or with other groups who may be affected.

They are moving to do away with this practice in a public opinion environment which, in the most simple of terms, is very favourably disposed to such a policy; but that, too, is misleading.

In a poll taken by the government in the fall of 1984, when the Progressive Conservative Party was still in office—a poll released by the Liberals in recent months—people across the province were asked if there were any aspects of health care in Ontario that needed to be changed, fixed or given special attention.

While some 41 per cent of people said there were no changes they would make, seven per cent said they would ban extra billing and/or opting out. The other 52 per cent named things such as more hospital beds and equipment, better preventive medicine and more extensive pollution control.

What this indicates, beyond a generally high degree of satisfaction with the provincial health care system, is that a relatively small number of people will, off the top of their heads as it were, name extra billing as the most urgent problem facing our health care system.

On the other hand, if and when people are asked if extra billing should be outlawed, the vast majority respond off the top of their head in that quick response to the phone call: "Yes. I do not want to pay more."

If I can offer an analogy that perhaps puts public opinion on this issue in context, if we were to ask the people of Ontario to name the most serious problem facing Ontario, probably not very many would mention the high price of milk. On the other hand, if one asked a few minutes later how many people in Ontario would favour lower milk prices, probably a large number—I would assume the majority—would ask themselves, "What would I prefer?" A large number would surely respond that they would prefer to pay less.

What I am defending as I speak here tonight is the integrity of our health care system. I am defending the partnership of our health care system. I am defending the partnership that has developed over the years among the government, the people, the doctors, the hospitals and the other health care professions. I suggest it is a partnership that has worked well, and this explains why a large percentage of people, when asked, cannot name a single thing they would change in Ontario's health care system. The vast majority are more than satisfied with the services they receive and with the manner—

Mr. Wildman: How about more chronic care beds? How about nurse practitioners? I can think of a lot of them.

Mr. Harris: I do not know whether the honourable member has spoken on this issue—

Mr. Wildman: Yes, I have.

Mr. Harris: If he has, I hope he has pointed out some of them. What I am stating are the indisputable facts that were evident at the time the poll was taken and released to the people of Ontario.

The fundamental reason our party is not in support of this legislation introduced by the Liberals to deal with extra billing is that we do not believe the partnership that has been built so carefully should be put in jeopardy so that the Liberals and the New Democratic Party can deal with a situation that is not a top concern. It is not uppermost in the minds of most people; it affects only a very small percentage.

10 p.m.

The Liberals say that banning extra billing will get us back the \$50 million per year that will be withheld by the federal government if the practice is allowed to continue. I have pointed out to members that there is a three-year period to negotiate, not to sledgehammer that mechanism through. I suggest that if the government does sledgehammer the mechanism through, when it comes time to negotiate it will find that the mood

of the OMA, the doctors and the physicians will cost the government far more than \$50 million and probably in excess of three or four times that amount.

The interesting aspect of this was pointed out very well by the member for Humber when he said that is not the issue. The issue is not whether the feds or the provinces have the money or whether the feds or the provinces pay for it. The public does not care about that. If the taxes do not go to the provinces, they go to the federal government. They do not understand all these transfer payments and everything that goes on. What they understand is the total tax bill.

The member for Humber was trying to point out not only to the House but also to his own colleagues that the issue of extra billing could be resolved through negotiation. It was not a \$50-million issue; it was a people issue. People are concerned about their relationship with their doctor.

The Liberals say this bill will improve access to the health care system. What they do not say is that when a similar system was imposed on Quebec more than 200 of the top specialists left the province immediately. They continue to leave the province.

I read a letter earlier from a doctor who practises on the border of Ontario and Quebec. He talked about the number of patients he sees from Quebec because they get better care in Ontario. Where will they go now? Where will those specialists go now?

The Liberals say that under their new system doctors with more experience will get a higher fee from OHIP. What they do not say is that the more experienced and better doctors who get the higher fees will probably see fewer patients, ultimately reducing accessibility to the smaller number of those top specialists who are left.

The Liberals say their policy is motivated by the Canada Health Act. What they do not say is that they were unwilling or unable to sit down with the doctors to see if there was a way to deal with the legitimate question of accessibility without alienating the doctors and without upsetting the balance, the consensus and the partnership that has allowed us to build the finest health care system in the world.

Surely, the preferred approach would have been to have a full, open, complete review of the physicians' billing practices.

Mr. Polsinelli: We offered to negotiate and they refused. They turned us down and would not come to the bargaining table.

Mr. Harris: The member for Humber does not share that view.

Of the three per cent to four per cent of patients who are extra billed in a year, a small number, undoubtedly, have an affordability problem. The OMA has taken some steps to ensure that opted-in services are available, but they have not been enough. I stated earlier that if the government withdraws this bill, the association has guaranteed that it will sit down and negotiate extra billing and opting out. It will also guarantee that during the period of negotiations no disadvantaged person—anybody who cannot afford the fees—will be extra billed.

Why would the government not do that? Why, I ask those members who have opted for what they felt was an easy way out?

We would have applied some imagination and conciliation to this issue so that, together with the medical profession, we could solve the accessibility problem where it exists without creating a half dozen new problems in the process.

Yes, we believe a solution has to be found in a situation which has arisen in which large numbers of doctors in certain specialties, such as anaesthetists and obstetricians, and in certain areas of the province, were extra billing.

It may indeed be time to consider something such as anaesthesia a basic service provided by the hospital, which it is in many respects. It may be one approach. It may be time to negotiate directly with some of the specialists in Ontario.

However, to solve these problems is it necessary to introduce legislation which says to a doctor that even if he does not want to accept a dime from OHIP, even if his patients want to pay his entire fee on their own, a doctor who practises like that, outside the system, and charges more than OHIP fees, will now be subject to being brought up before a provincial court judge as a criminal and fined up to \$10,000?

I come back to the point of view with which I started: simplistic and expedient solutions to problems can be popular by their very nature; but at what cost? To stop most of the better-off from being extra billed, do we need to adopt the British health care system?

The Progressive Conservative Party is opposed to this legislation dealing with extra billing. It might be easier and it might in the short term be more popular for us to support it. However, what we do support, and what I want firmly on the record, is accessibility to quality health care at the lowest possible cost to the taxpayers. Particularly, we support the kind of balance, the stability and, as I said earlier, the

partnership, of which the medical profession is an important part, that have allowed us together to provide health care second to none.

I want to see that kind of quality care provided in the future. That is why we are going to work hard, not on behalf of the doctors but on behalf of the people, to ensure that the Liberals and the New Democratic Party do not simply achieve an ideological goal in a simplistic fashion and, in that process, damage the world's best health care system, and in all likelihood substantially increase the cost to boot.

We will be looking for a balanced solution that respects the rights of doctors as independent professionals, seeks to build on the partnership of the past and, above all else, ensures the provision of high-quality, universally accessible and affordable health care for the people of Ontario.

I point out to the Legislature that there is no prize for being tough just to show you are tough. It is better to protect and improve what is already an excellent system. Every health care system needs improvement, by definition. It needs more co-operation, co-ordination, funding, beds and specialists in the north, better mental health programs, more home care for seniors, home-makers' services and better cancer treatment facilities. It does not need confrontation or angry doctors. It does not need fighting job action by doctors or bitterness across Ontario.

10:10 p.m.

I would like to conclude my remarks by requesting the Minister of Health, the Premier and their advisers, the four horsemen as we refer to them, to rethink their position. I ask them to listen to what the people of Ontario are saying, to what the physicians are saying; to take this opportunity now to withdraw this legislation and to accept the hand being offered by the OMA. I ask them to sit down in a spirit of co-operation and immediately get back to the bargaining table to negotiate the solutions we all want for improving access to all physicians and all the services our health care professionals have to offer.

If they were to do this now, I believe the OMA would indeed sit down with them. My party would applaud the government for recognizing the serious error of the method by which it is planning to proceed, in which it is proceeding, and instead getting back on the course set by my party for the past number of years with respect to health care in Ontario.

Since political advantage seems to be the only motivation I can think of for their plan to proceed this way, I believe in all seriousness it would be

to their political advantage as well. I mention it only because the political objective seems to be their number one objective these days.

I offer this suggestion and my personal and political support for such a move. I would applaud that action because I believe the delivery and maintenance of the excellent health care system we have in Ontario is far beyond what should be a partisan issue. I implore this of the minister, when he comes back, and the Premier, whom I have not seen throughout any of this debate. I may be in error. The Speaker may point out that—oh, there is the minister—that the Premier did in fact sit through more than 30 seconds of this debate, but I have not seen him here.

The minister and the parliamentary assistant are there, and I ask that they take that message back to the Premier. I thank you for the opportunity for me to express my opinions tonight.

Mr. Offer: On a point of order, Mr. Speaker: I think it is important that we all realize that a model parliament held at the University of Toronto has just elected a majority Liberal government for the first time in its history.

The Acting Speaker: That is not a point of order.

Mr. Harris: On a point of order, Mr. Speaker: I would like to point out to the Legislature that, unfortunately for that model parliament, they were all members of the school of architecture and they probably will not be there next year.

The Acting Speaker: That is not a point of order either. Are there any other members wishing to participate in the debate?

Mr. Andrewes: I really had not anticipated a lull in the debate that would allow me to give my comments. Nevertheless, I am willing to carry on from my colleague the member for Nipissing (Mr. Harris) following the rather stimulating comments he was making on Bill 94.

The member for Nipissing is offering me his notes as he leaves the House. I would not want to deny him the privilege of making his comments here, nor would I wish to repeat any of those comments. A certain degree of originality is required and expected from each member. I know Mr. Speaker will be watching carefully and diligently to determine whether the brief comments I might make in opposition to Bill 94 are in order and not a repetition of what was said earlier.

Although this bill has a long and detailed title—I wish I could lay my hands on the document I was going to refer to.

Mr. Charlton: Mr. Speaker, on a point of privilege: Perhaps you could direct the member to make up his mind whether he is going to make remarks on the bill instead of standing there saying he might make remarks.

Mr. Speaker: That is far from being a point of privilege.

Mr. Andrewes: I extend my apologies to the member for Hamilton Mountain. I appreciate the opportunity he gave me to search for my copy of Bill 94.

Mr. D. S. Cooke: Has the member found it?

Mr. Andrewes: Not yet. I do intend to make some comments.

The title of Bill 94 is An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act. The bill carries a lengthy and detailed title, but it has been given a shorter title, which in the view of the Liberal Party is perhaps a more politically attractive title, the Health Care Accessibility Act.

The bill deals with the fees that doctors, dentists and other professionals may charge for the services they render. It is not detailed or lengthy. It is very specific and refers to various and sundry professions in the medical field, particularly those represented by three associations, the Ontario Medical Association in respect of physicians, the Ontario Dental Association in respect of dentists and the Ontario Association of Optometrists in respect of optometrists.

10:20 p.m.

The issue I wish to begin with in discussing this bill is the term "accessibility" in the short title, Health Care Accessibility Act. I am sure the minister chose the term very carefully, when he made his opening statement in the House on December 19, when he introduced this piece of draconian legislation. Here is the statement by the Minister of Health, a former Queen's counsel, to the Legislature re introduction of the Health Care Accessibility Act, 1985. In the third paragraph on the first page, the minister begins by saying:

"The principle of accessibility to needed health care without any regard for an individual's financial circumstances or ability to pay is in jeopardy in this province. I believe the principle of accessibility must be preserved and protected, and our government is determined to see that the people of Ontario have that protection."

That is a very noble objective; I cannot quarrel with that objective. I ask the minister and his colleagues, who have been hesitant to speak in

this debate, with the exception of the member for Humber, the member for Brampton and maybe one or two others, to demonstrate to me where the principle of accessibility is in jeopardy in this province. Perhaps one of the Liberal members would be bold enough to stand up in this House and demonstrate for us in clear and certain terms where the principle of accessibility is in jeopardy.

Mr. Speaker: Order. It is the tradition of this House and of many other parliaments that a member may ask the member who has the floor whether he can ask a question. If the person speaking allows a question, the member may ask it.

Hon. Mr. Elston: May I ask a question of the member for Lincoln?

Mr. Speaker: Does the member for Lincoln agree or not?

Mr. Andrewes: I have been in this House for only about five years. I am a relative newcomer. I came to the House in 1981, the same time as the honourable member who wishes to ask me the question. However, I believe the routine is that when one sits on this side of the House, one asks the questions and those on the other side of the House answer them. In the words of the government House leader, "We propose and you oppose." Is that not the standard procedure?

Mr. Speaker: I understand your answer is no.

Mr. Andrewes: I would be delighted to have a question asked of me by the member for Huron-Bruce (Mr. Elston).

Hon. Mr. Elston: My question is whether the honourable member would yield the floor so we could wind up this debate. I will be pleased to answer his several questions about the difficulty of accessibility. Will he yield the floor and allow us to put those examples on the floor of this House?

Mr. Andrewes: I would remind the member that it was Thursday, December 19, when the Minister of Health introduced this draconian piece of legislation. At that time he was given ample opportunity to demonstrate to the people of this province and to this Legislature the grounds on which he could make this bold and brazen statement that the principle of accessibility to needed health care, without any regard for an individual's financial circumstances or ability to pay, is in jeopardy in this province.

I have read this document very carefully. I have read the companion notes that go along with it and I have read other details. In fact, I have read the minister's briefing book—

Hon. Mr. Elston: On a point of order, Mr. Speaker: The member was asked whether he would allow the question; he said he would allow it. I put the question; he has not yet answered.

I request an answer from the member for Lincoln so we can proceed to demonstrate the various points that he has requested I provide to this House.

Mr. Speaker: I hardly think that is a point of order. However, the member allowed a question at some time or other. I am sure he will get to the response.

Mr. Andrewes: I find this rather an interesting debate, because there is within the standing orders ample opportunity for members to register their discontent with the responses to questions. I assume the member for Huron-Bruce is registering his discontent with the answer I gave to his question, so perhaps we should have a late show. Is that permissible, Mr. Speaker?

Mr. Speaker: It is not permissible.

Mr. Andrewes: Then perhaps I will carry on and in the fullness of time I will give the honourable minister my response to his question, because it is right and proper that he should ask me that question.

Nevertheless, I will carry on. I hope he is here tomorrow so that in the brief comments I might make after routine proceedings we may get into the substance of my answer so it can go on the record and the minister can provide me with suitable verification for this bold and brazen statement which he made on December 19 when he introduced this legislation.

The minister in his opening statement is alleging that within the health care system today there are problems with accessibility. If he could verify that and demonstrate it, perhaps I would want to say something different about this bill. I am going to demonstrate for him, through the context of this debate, many instances in which there are indeed problems with accessibility in the health care system, but they do not relate to medical practitioners opting out; they do not relate to dentists extra billing; they do not relate to those other professions that are cited in this legislation.

On motion by Mr. Andrewes, the debate was adjourned.

The House adjourned at 10:30 p.m.

ERRATA

No.	Page	Column	Line	Should read:
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94	3333	1	1	in Prescott-Russell. I appreciate the input he allowed my colleagues, the member for Corn-

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No. 105

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Legislative Assembly of Ontario

First Session, 33rd Parliament

Friday, January 31, 1986

Speaker: Honourable H. A. Edighoffer

Clerk of the House: R. G. Lewis, QC



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LEGISLATIVE ASSEMBLY OF ONTARIO

Friday, January 31, 1986

The House met at 10 a.m.

Prayers.

STATEMENTS BY THE MINISTRY

EMPLOYEE HEALTH AND SAFETY

Hon. Mr. Wrye: During the past few months the government has embarked on a course of strengthening the occupational health and safety system in this province. In addition to our primary function of protecting workers, we hope through these efforts to raise in the community and in the work place the profile of occupational health and safety, heighten public awareness and thus expand public involvement.

Workers have always been concerned to know of the potential dangers of toxic substances they use or manufacture, but the demand for information, for knowledge, has reached beyond the work place. It is increasingly clear that there is a growing determination in the public to know more about the environmental hazards caused by these toxic substances. In this regard, the grief of Bhopal has been the bitter classroom for our lesson.

As the public gives greater attention to issues of the environment, it will give greater attention to issues of health and safety in the work place. The result will be safer work places, fewer accidents and healthier workers.

In recognition of this fact, I want to announce that later today I will introduce for first reading a bill to amend the Occupational Health and Safety Act to provide workers with the right to know about potential hazards in their work place. Although the act currently contains a number of provisions that attempt to provide workers with appropriate information, these provisions are not enough.

In addition, in response to the growing public demand throughout Ontario for comprehensive information about work-place-originated environmental hazards, the government is enshrining in the legislation a community right to know.

As a result, our legislation will require an employer to provide the prescribed information to the fire department of the municipality in which the work place is located and to the medical officer of health of the appropriate health

unit. Any member of the community will be entitled to receive that information upon request.

There are four principal elements to the bill I will be tabling.

First, each work place will be required to establish and maintain a central inventory of all the potentially hazardous substances or agents that are now on, or may be generated on, the premises. These inventories will be provided to the Ministry of Labour and, as I have stated, to the appropriate fire departments and medical officers of health. The inventories will be available for the information of the workers. They will also assist the government in its various designation and inspection activities.

Second, the bill requires each container of a potentially hazardous substance in the work place and each source of a potentially hazardous physical agent to be fully and clearly identified with warning labels that are readily understandable to workers.

Third, the bill requires material safety data sheets for each potentially hazardous substance or agent to be in an accessible place in the work place. These data sheets will contain a clear statement of potential hazards, precautions and necessary first aid information, and must be available in English and in the majority language of the work place where English is not the first language understood by the majority of workers.

Fourth, the legislation creates an obligation to provide appropriate training programs for the workers who are exposed or are likely to be exposed to the work place hazards.

The implications of the bill are far-reaching and will affect virtually every worker in the community where hazardous substances are used.

Let me remind honourable members that in 1982 a consultative process was initiated involving industry, labour and the federal and provincial governments to develop the work place hazardous materials information system, or WHMIS as it is referred to. This is a national system of information-delivery to users of hazardous products.

This process resulted in a final report, which was published in the summer of 1985. The report recommended the development of specific feder-

al legislation and provincial adoption of similar provisions by reference by the summer of 1986. However, to date there has been little progress in implementing the report.

The government of Ontario joins both industry and labour in its disappointment at the lack of concrete action in developing a final program. We hope Ontario's initiative today will give renewed impetus to the federal government.

There is no issue for workers that takes precedence over health and safety. This statement requires no elaboration. It stands in self-evident relief against the hundreds of thousands of workers in this province whose ability to earn their livelihood and whose sense of self-worth and self-esteem are tied to their physical wellbeing.

It is inconceivable that we as a society or we as a government would tolerate or condone unreasonable and avoidable risks to their wellbeing. As of right, each person in this province should be able to return to his or her home unharmed by the environment in which he or she works. By our actions today, the government of Ontario is taking a further critical step to protect this right.

DISASTER RELIEF

Hon. Ms. Caplan: I wish to bring to the attention of the honourable members and of the people of Ontario the continuing need for funds to assist the unfortunate people of Colombia, who are still suffering from the tragic effects of the volcanic disaster that occurred in November 1985. I am informed that the death toll in Bogota and other areas swept by the eruptions now exceeds 25,000. Thousands more were injured, and countless others lost everything they owned to the molten lava.

The International Red Cross, supported by our Canadian affiliate and provincial divisions, immediately rushed extensive emergency aid, including food and medical treatment, to Colombia. The Red Cross is continuing its relief work in Colombia and is mounting major rehabilitation and construction projects.

Of course, there is an ongoing and pressing need for money to support these programs. The Ontario Red Cross is continuing to receive donations on behalf of the international organization. Later today, I will give a government of Ontario cheque for \$250,000 to the Ontario Red Cross for the Colombia relief fund. This fulfils the commitment made by the Premier (Mr. Peterson) on behalf of Ontario in response to the first cries for help last November.

I also wish to report that Ontario is continuing our assistance to the people of Mexico, who were struck by a severe earthquake in September 1985. Members will recall that Ontario committed a total of \$500,000 to help in Mexico. We provided \$250,000 of this through the Ontario Red Cross for immediate emergency aid, including food and medical care. We also committed an additional \$250,000 to assist in reconstruction.

Officials of the Ontario Ministry of Intergovernmental Affairs are working with members of the Canadian embassy and with Mexican officials to identify how best to apply the Ontario funds. When a specific project is determined, we shall be pleased to report to this House.

In conclusion, may I again stress the need for money to assist the unfortunate victims in Colombia and in Mexico. I know the generous people of Ontario have already contributed to these programs, but the suffering and the need go on. Perhaps we can all dig a little deeper to help those who are desperate.

10:10 a.m.

ORAL QUESTIONS

Mr. Grossman: Is the Minister of Health going to be here, as we were informed?

Hon. Mr. Nixon: We expect him.

Mr. Grossman: He may have stopped off at his doctor's office this morning.

Hon. Mr. Nixon: Here he comes.

Mr. Grossman: We have been waiting for the minister. I thank him for joining us. I feared he had stopped at the local pharmacy this morning and would never be seen again.

Hon. Mr. Elston: If that is the question, I was not getting any prescription about my attendance at a local pharmacy. I was not at a local pharmacy. If the honourable is prepared to put a supplementary question, I will be pleased to answer it.

Mr. Speaker: I am sure the Leader of the Opposition will place his question now.

EXTRA BILLING

Mr. Grossman: Bill 94 bans extra billing, not only for doctors but also for dentists performing surgery in hospitals. As the minister is aware, the current plan pays dentists 40 per cent of the Ontario Dental Association fee schedule. When those dentists are totally opted into the plan, is it the intention of the government to pay only 40 per cent of the ODA fee schedule as the full amount or is it the intention to pay 100 per cent?

Hon. Mr. Elston: The honourable member will know we are in the process of speaking to dentists about various agreements with respect to settlement of fees and rates. They are being discussed internally. We have no particular intention and our minds are open. As is the usual custom with the Ministry of Health and various of the associations, we negotiate the rate of reimbursement.

Mr. Grossman: In their case, extra billing is not 10 or 15 per cent; it is the majority of their account. The amount they charge over the schedule of benefits is 60 per cent; so it is an enormous amount. When the minister decides to stop their extra billing, he is going to reduce their payment by 60 per cent of what they currently get or he is going to provide that 60 per cent or a large portion of it, and the dentists ought to know what he is talking about.

If the minister is going to negotiate an amount up from 40 per cent, he will have to acknowledge that some of the net savings of \$50 million he claims for ending extra billing, perhaps as much as \$12 million of it, will go to compensate dentists. Will the minister indicate whether it is his intention to adjust the current 40 per cent payment upward?

Hon. Mr. Elston: In terms of the negotiations for the reimbursement of activities, it is fair to say there will be an adjustment upward. We are involved in negotiating these claims with the various associations, and we do not have a preconceived position with respect to that.

The member is talking about savings. We are saying that some \$4.4 million per month is being withheld from us by the federal people. Those things will be transferred to us to use, and the Treasurer (Mr. Nixon) is very good at allocating resources for best use by the citizens of this province.

Mr. D. S. Cooke: When does the government plan to bring in its election promise of denticare in this province?

Hon. Mr. Elston: Each of us is significantly aware of the benefits of good dental hygiene, and all of us know about the benefits that have been provided to us by good dental care for young people and seniors. The Treasurer and I are busy talking about how these programs can be put together. He and I will be able to make announcements at appropriate times in the future.

Mr. Grossman: In answering the first supplementary, the minister acknowledged that, of the \$50 million he is going to get back from the

federal government, as much as \$12 million, which is the difference between 40 per cent and 100 per cent of the ODA fee schedule, could be spent as the price of opting in dentists—not yet dealing with experience, expertise or the other prices of opting in doctors. Perhaps the minister might be encouraged to talk about the \$38 million, not the \$50 million.

Ironically, I want to follow up in my final supplementary on the very question raised by the minister's close friend, the Health critic for the New Democratic Party.

Hon. Mr. Elston: Did the Leader of the Opposition and he have breakfast this morning?

Mr. Grossman: The minister and he were both at breakfast, I understand.

Hon. Mr. Elston: No. The Leader of the Opposition was with him.

Mr. Grossman: No. I am still discriminating.

Mr. Speaker: Question.

Mr. Grossman: I have the minister's campaign promise here, and it explains the reason denticare should be introduced in this province. I quote: "The sole reason for the original exclusion"—

Mr. Breauch: Wait a minute.

Mr. Grossman: Wait until the members see where we are going. We do not have breakfast with them.

Mr. Foulds: We know where you are going.

Mr. Grossman: We will never get down to where you are. We will be back there a lot more quickly.

Interjections.

Mr. Speaker: Order.

Mr. Grossman: At least we remain an independent party.

It says here: "The sole reason for the original exclusion in the mid-1960s of dental care from our health insurance program was practical: to reduce initial costs and to allow time for a severe shortage of dentists to be overcome."

The minister will agree there is no longer a shortage of dentists. Therefore, can he outline what he expects to be the cost of the program he promised to the people during the provincial election campaign and when, not if, he plans to bring in denticare in this province?

Hon. Mr. Elston: I do not think this is a particularly beneficial forum in which to try to outline the entire program. I am prepared to come back and address to this assembly, by way of a statement, some of the replies to the questions

that have been brought forward to me by the Leader of the Opposition.

CONFLICT OF INTEREST

Mr. Gillies: My question is of the Premier. It arises out of yesterday's statement by the Minister of Northern Development and Mines (Mr. Fontaine). That statement speaks to the minister's assets in United Sawmill, but it does not speak for the minister's direct assets in Hearst Forest Management, which would be the beneficiary of the forest management agreement.

Can the Premier confirm that the minister has placed his interest in Hearst Forest Management in a blind trust?

Mr. Davis: And when.

Mr. Gillies: And when.

Hon. Mr. Peterson: The answer to the question, as far as I know, is yes, all his assets have been put in that blind trust.

Mr. Davis: Has the Premier looked at it? Has he checked it?

Hon. Mr. Peterson: I have not checked all of these personally; Mr. Wright has.

Mr. Davis: Why not?

Hon. Mr. Peterson: What does the member mean, "Why not?" If he wants to look at them he can go and look at them. Mr. Wright of the Ministry of the Attorney General has passed judgement on them.

Mr. Gillies: The Premier can sweep this under the rug all he likes. This Legislature has a right to know whether his ministers are in a position to benefit directly from actions of his government.

The minister's statement did not say his interests in Hearst Forest Management had been put in a blind trust. It was not contained in the statement. I ask the Premier again: is he now telling the House unequivocally that they were?

Hon. Mr. Peterson: To the best of my knowledge, as I said, all his assets have been placed in a blind trust. That is exactly what we said he was going to do some months ago.

10:20 a.m.

Mr. Gillies: The Premier has not done what he said he was going to do. He said in his conflict-of-interest guidelines: "By the end of the year all disclosures required of the ministers will be filed with the Clerk of the Legislative Assembly, where they will be available for public examination." When we were in government it was 90 days. The Premier gave them six months and this House has still not had the

opportunity to view these conflict-of-interest disclosures.

How much longer do the members of this assembly have to wait before they can see what the interests of the various ministers are? There are a lot of questions that the public wants answered.

Hon Mr. Peterson: I want to satisfy the member's curiosity. He is welcome to look at all of those things. I will repeat the procedure for the member—

Mr. Gillies: We have been waiting more than six months for this and it still has not been filed.

Hon. Mr. Peterson: Does the member want an answer to his question or does he just want to make a little speech? I am delighted he has brought the matter up. I am sorry the member for Leeds (Mr. Runciman) is not here today. The member for Brantford is doing almost as well as that member did on this question yesterday.

The minister said yesterday that he instructed his lawyers to put all of his interests in a blind trust, which I assume was done. It took some time to work out the legal technicalities and it was all turned over to Mr. Blenus Wright, Assistant Deputy Attorney General, who acts in these matters. He makes the decision when to file, and then they are turned over to the Clerk at some point that is appropriate in his judgement. This was the traditional method employed by the former administration.

It is all going to be available to the public, and the member is welcome to spend as much time as he wants in scurrying through it trying to find some suggestion of conflict of interest. He can put his mind to it because obviously he cannot find anything constructive to do here.

Mr. Timbrell: On a point of order, Mr. Speaker: A researcher for our caucus asked Mr. Wright if we could see the statements and that was denied. We were told we would have to wait until they were filed with the Clerk of the House, and they still have not been filed.

Mr. Speaker: That is not a point of order. It is a point of view.

ST. CLAIR RIVER

Mrs. Grier: I have a question for the Minister of the Environment concerning the report he gave to the House yesterday. I would like to ask about one aspect on which his statement was strangely silent: i.e., the question of hazardous waste disposal.

The report says a more thorough examination of Dow's waste disposal practices is warranted.

In fact, it makes it clear that Dow Chemical is to Great Lakes water quality as Inco is to acid rain, and the minister moved very decisively to control Inco. Will he use an order in council to restrict Dow Chemical's waste disposal practices?

Hon. Mr. Bradley: We will ensure that any of the waste disposal practices that are undertaken, not only by Dow Chemical but by any of the industries involved as a result of the stipulations of this report, will be in compliance with the rules and regulations of the province.

Mrs. Grier: That begs the question of how long, but I would rather phrase it in a different way. There are very specific problems identified with respect to Dow's disposal practices in this report. One of the problems is the Scott Road landfill which is shown to contain 2,4-D and 2,4,5-T weedkillers, one of which is so hazardous it is banned in Ontario. Neither of these is made by Dow in Sarnia.

Can the minister tell us where they came from and why he will not move immediately to prevent their disposal in that landfill site?

Hon. Mr. Bradley: If the member read the report carefully, as I know she did, it did not indicate where they came from. It was stated—

Mrs. Grier: That is why I asked the minister.

Hon. Mr. Bradley: Remember, it is a report of officials of the Ministry of the Environment of Ontario and Environment Canada to the ministers, indicating what they have found to this point. It was clearly indicated that they were unable to establish where that material came from. It is stated by companies in the area that they did not dispose of it there. It really gets to the question: if they did not, how did it get there? That is what we are investigating.

Mrs. Grier: That landfill site is operating under a certificate of approval from this ministry which allows the disposal of certain products. Presumably it does not allow the disposal of those not manufactured in this province. There are obvious violations of that certificate of approval. The minister has the power to close the dump. He appears to know very little about where these products are coming from. Will he at least immediately close that landfill site before he proceeds with a further examination and investigation?

Hon. Mr. Bradley: The member is assuming the product that was found is going in there on a continuing basis. Through our investigations and enforcement branch, through the technical people in our ministry and with the assistance of Environment Canada, which has been most

co-operative in this regard, we are continuing to investigate that. In any of the cases, as the member is aware, if we find evidence that would call for a prosecution, then we are prepared to prosecute. I think what she is referring to is a product that has been brought there in years gone by. It is not a product that is being brought into the site at present.

EXTRA BILLING

Mr. D. S. Cooke: I have a question for the Minister of Health. The Ontario Medical Association has sent out to doctors this survey of uninsured services for which extra charges may be imposed by doctors now under the present Ontario health insurance plan charges, or in the future under Bill 94.

In the matter of such things as certificates for disability pensions or camps for summer students, insurance certificates, prescription renewals and a whole list of other services that are not now covered, is the minister prepared to amend Bill 94 to make sure that doctors do not institute more of these charges and that the current ones are eliminated?

Hon. Mr. Elston: I have not considered the addition of that amendment to the bill. I do not know if this is a complete list. I will consider the matter in discussion with my cabinet colleagues and my friends here gathered as a Legislative Assembly.

Mr. D. S. Cooke: Does the minister not realize that if Bill 94 and the OHIP fee schedule do not recognize these services and charges, the whole purpose of Bill 94 could be scuttled by the OMA or by doctors who do not believe in equal accessibility to our health care system?

Does the minister further recognize that, under the agreement negotiated by the former government with the doctors, they will be getting a six per cent increase in their OHIP fee schedule this year? Does he not feel that is fair, and that the principle of Bill 94 should be maintained and these charges should not be allowed?

Hon. Mr. Elston: I think it has been the practice in a number of offices that there have been charges for doing reports and other items. I am not prepared to eliminate those on a spur-of-the-moment suggestion here in the Legislative Assembly. As with all matters which have to be considered in legislation, there must be serious discussion about the effect any amendment would have on the impact of the bill.

One thing has to be made very clear to the people of Ontario. Although there has been a good deal of rhetoric surrounding the bill and

otherwise, my confidence remains that the profession will not endanger patient safety. I am banking on that. People have every reason to expect that a profession with a very high degree of integrity will not frustrate patient care in this province by moving to any form of action against the bill.

Mr. Pope: To follow up on my friend's question and the minister's response, the minister indicated he would not countenance any amendments to the legislation without full discussion. The OMA says there has been no discussion with respect to this legislation at all and the Premier (Mr. Peterson) confirmed it in a letter of January 21. The minister was not willing to discuss the legislation.

Will the minister now adjourn the debate and start discussions with the OMA on a package of universal accessibility to protect our senior citizens and the financially disadvantaged?

10:30 a.m.

Hon. Mr. Elston: I have been enjoying for some days now the reading of letters and correspondence by the gentleman and his colleagues opposite. I have found, however, that on occasion during the debates there have been some genuine, finely expressed points of view. The process is proceeding through the Legislative Assembly, as it ought to, which is one of the most open forums in the public process.

Everybody here knows there will be opportunities in committee as well. That is the appropriate forum in which we will be able to examine suggestions such as this. I am prepared to examine any suggestions put by any member. In second reading debate, the Legislative Assembly should be allowed to proceed with the examination of the legislation in detail and in principle.

Mr. D. S. Cooke: If some members of the OMA are determined to get around Bill 94 or take any other kind of action to scuttle the real purposes of this bill, such as opting out of OHIP and forcing everyone to pay on the day one receives the service, does the minister not understand it is absolutely essential that he take the appropriate action to protect the patients of this province? One way of protecting the patients would be to amend the Health Disciplines Act—

Mr. Speaker: The question has been asked.

Mr. D. S. Cooke: No, it has not—to amend the Health Disciplines Act so doctors cannot force patients to pay up front.

Mr. Speaker: Order. The question has been asked.

Hon. Mr. Elston: We must wait and see what will take place. I have confidence that the patients in this province are not going to be disadvantaged by the activities of their physicians. I have said on more than one occasion that the physicians—even those who do not like the principles of this bill—have told me face to face that patients can sit down with them and talk about their financial problems.

In this situation, if a person is requested to make a payment, he or she should sit down with the physician and say: "I cannot do it. Wait until I get reimbursed by OHIP and then I will make the payment." That is the type of arrangement that a lot of the physicians who say they are opted out tell me they are prepared to countenance.

CONFLICT OF INTEREST

Mr. McCague: I have a question for the Premier. On Tuesday, the Minister of Natural Resources (Mr. Kerrio) said he would provide all information about his or his ministry's involvement with the Hearst Forest Management matter. Could we now have his assurance that the forest management agreement prepared for signature between the ministry and Hearst Forest Management will be tabled, as will the details of all discussions and written communications with regard to the FMA among the Minister of Natural Resources, his ministry staff, the Minister of Northern Development and Mines (Mr. Fontaine), his staff and the Office of the Premier?

Hon. Mr. Peterson: Surely, no problem.

Mr. McCague: The Premier is in a very good mood this morning. Would he also undertake to prepare a report for the Legislature outlining for us and for the public the economic benefits to a company such as Hearst Forest Management of receiving an FMA?

Hon. Mr. Peterson: I will respond to that question now. It will take a little time, if I may have the indulgence of the House. The honourable member asked me a question, and it is interesting that a statement came from the minister and the deputy minister.

Early this week, the House heard several statements about forest management agreements, therefore, this is an appropriate time to expand on the purpose of forest management agreements. Members may recall that in December I tabled the results of the first five years of these FMAs. Forest management agreements are contractual agreements between the crown and certain forest companies whereby a company undertakes forest management practices—roads,

harvesting, regeneration and forest tending—on behalf of the Ministry of Natural Resources.

Under a forest management agreement, the company carries out silvicultural work formerly done by the ministry. The ministry pays for this work to be done, and any costs exceeding those agreed to in the FMAs by the ministry and the company are borne by the company. The agreements are essentially the same for all companies. They differ only in the particulars relating to specific forest conditions and practices in an area.

The purpose of the forest management agreement is to provide for a continuous supply of forest products to the agreement holder and to ensure that the forests are harvested and regenerated on a sustained-yield basis. The agreement is for 20 years, but at five-year intervals performance and obligations are reviewed and revised. If judged satisfactory, the agreement is extended for a further five years. This is termed an evergreen agreement. The company must prepare forest management plans, annual work schedules and annual reports.

The forest management agreements are a major breakthrough between the industry and the crown in forest management. The agreements will benefit the province in the long run. They provide the basis for an integration of harvesting and silviculture and for an increase in the effectiveness and efficiency of forest operation.

Mr. Timbrell: Mr. Speaker, on a point of order: The member asked for an economic analysis and all we got is a description of the FMA program. That is in the annual report.

Mr. Speaker: Order.

EMPLOYEE HEALTH AND SAFETY

Mr. Reville: My question is for the Minister of Labour with regard to this morning's statement about the right to know. The minister may recall writing to me on August 29, 1985, in response to my letter of July 25: "I note your concern that right-to-know legislation should provide for both community and worker right to know. The Ministry of Labour is not empowered under the Occupational Health and Safety Act to enact a regulation that would provide for community right to know. Our mandate does not extend beyond the work place."

Will the minister explain to the House today his dramatic and welcome change of mind? Could it have been eagerness to live up to the accord or was it perhaps Bill 99, introduced on January 14 by the member for Sudbury East (Mr. Martel)?

Hon. Mr. Wrye: I want to say to my friend the member for Riverdale I was going to give him the credit for the persuasiveness of the letter he wrote to me. As a result of his letter and representations from other honourable members, we thoroughly reviewed this matter in the early part of the fall. By the end of September, when we began to develop the final package of legislation, we had decided that a community right-to-know option could be contained within the amendments to the Occupational Health and Safety Act.

I welcome the support I am sure we will have from the New Democratic Party because of the community right-to-know aspect that is in the bill introduced by the member for Sudbury East. Indeed, there are a number of similarities in both bills.

From the very beginning of the first submission through the cabinet process, we went forward with the community right-to-know aspect.

Mr. Reville: I must applaud the minister for twinning triumph and graciousness.

Will the minister assure this House that his government will move with dispatch to enact this long-awaited legislation and avoid the temptation to set up a task force headed up by, shall we say, the president of Dow Chemical Canada Ltd.?

Hon. Mr. Wrye: I say quite sincerely to my friend from Riverdale I cannot give the assurance that we will move ahead in the next short period of time. I want to share the reason with the member and with the House. On a number of occasions, one as recently as November, the Canadian Manufacturers' Association, the Canadian Chemical Producers' Association and the Canadian Labour Congress jointly visited me in my office requesting that we not proceed unilaterally.

10:40 a.m.

The member will note from the statement I made this morning that we are attempting at this point to develop a national initiative. We hope the legislation that will be brought forward this morning will be a prototype for the provincial spinoff. It is amazing that we have done it in seven months while the federal government has just appointed a co-ordinator to begin to look at its responsibilities.

We are going to wait and see if the federal government can move this matter forward, because we would prefer to proceed with the national government and all 10 provinces joining in the initiative. Quite frankly, however, we are not going to wait for ever.

Mr. Gillies: I do not want to get in the middle of this; it is truly beautiful. I want to ask the minister about a continuing problem in the area of occupational health and safety which he undertook to move on some weeks ago in the House. It is the question of the Workers' Compensation Board benefits for victims of asbestosis. Is the minister any closer to a resolution of that situation?

Mrs. Grier: How is that supplementary?

Mr. Mackenzie: Where is the relationship?

Hon. Mr. Wrye: Is that a supplementary?

Mr. Speaker: I was very hesitant and looked quizzical. I believe it is not really a supplementary.

Mr. Timbrell: On a point of order, Mr. Speaker: It deals with the matter of occupational health and safety and is clearly supplementary.

Mr. Speaker: Order. I understood from the member for Brantford that he wanted to participate.

CONFLICT OF INTEREST

Mr. Pope: I am forced to ask the Premier again, will he table today the documents the Minister of Natural Resources (Mr. Bradley) promised on Tuesday, and will he table today the economic benefit analysis?

Hon. Mr. Peterson: I am surprised the honourable member would ask me to table documents, because he might conclude that I had some political motive for trying to ruin his political career if I let all these documents out. This is interesting. On the one hand, we have that member asking us not to table documents and share all the information with the people of this province, and now he is asking me to do it.

The answer to the question is yes, we will share all the information pertaining to that forest management agreement or any other—

Mr. Grossman: Today?

Hon. Mr. Peterson: I do not know whether I can prepare it today; I have no idea of the state it is in, but I will ask the minister to get it ready and it will be forthcoming. The former Minister of Natural Resources, who understands these things and who understood when the original discussions were going on, will understand what has transpired. I happy to share it; I have no problem with that.

Mr. Pope: I understand what has transpired; that is why we would like the documents. I understand the advertising of the open houses in northern Ontario with respect to this matter in

November. I understand all of that. I also understand the economic benefits that accrue from a forest management agreement. I am asking the Premier to table today the benefits of that particular agreement.

Hon. Mr. Peterson: I am not sure I can do it today, but we will address our minds to that forthwith. Believe me, I have no intention of embarrassing the former minister in this regard. Everything will be laid out and we are not trying—

Interjections.

Hon. Mr. Peterson: Look, we were trying to help the member's leadership bid. We did everything we could to do it; trust me. I am sorry about that, but believe me, I tell the member we will help in any way we can.

Mr. Laughren: When the Premier is tabling those kinds of documents, will he at the same time table all correspondence from within the Ministry of Natural Resources concerning the allocation of grants for private greenhouses when the member for Cochrane South (Mr. Pope) was the minister?

Hon. Mr. Peterson: That is a fair question the honourable member has asked me. I have had some people ask me to table the last—

Mr. Gillies: That is not a supplementary question.

Mr. Timbrell: On a point of order, Mr. Speaker: I think we all understand what is going on, but how can you on the one hand not allow a supplementary that is clearly in the same subject area, occupational health and safety, and then on the other hand allow a supplementary that is on a completely different subject, albeit related to the same ministry? If we cannot have consistency, what can we expect from the chair?

Mr. Grossman: A little bit of fairness.

Mr. Speaker: I am somewhat hesitant to reply after the last comment.

Hon. Ms. Caplan: They do not like the answer.

Miss Stephenson: There is never an answer.

Mr. Speaker: Order.

MEDICAL LABOUR DISPUTES

Mr. Mackenzie: I have a question for the Minister of Labour.

I think the minister is aware of the long delays that were experienced under the Hospital Labour Disputes Arbitration Act. I have a list of arbitration delays that is truly disturbing. I will mention only four: the Greater Niagara General Hospital, eight and a half months; the Colling-

wood General and Marine Hospital, now 10 months; the York-Finch General Hospital, eight and a half months, and the St. Elizabeth Visiting Nurses, eight and a half months.

Can the minister tell us what we can tell the workers in these institutions, who are paying the price of these delays in the arbitration cases?

Hon. Mr. Wrye: I think the honourable member will want to be fair in understanding that the delays often are caused by the unavailability of parties. The volume of arbitrations is disturbing in and of itself, and may be contributing to the lack of availability of parties in that they are involved in so many arbitrations. If my friend wishes, I will look into each of them and let him know what he can tell those involved.

I am disturbed by the increasing pattern of arbitrations in hospital disputes; it appears to be almost automatic. I share my friend's view that the arbitrations are unnecessarily lengthy.

Mr. Mackenzie: Will the minister tell us when we can expect the amendments to the Hospital Labour Disputes Arbitration Act, which I understand he is considering, and what will be in them? Can he give us a time frame for them? We obviously have a very serious problem with respect to delays.

Hon. Mr. Wrye: I cannot give the member a timetable for the introduction of any amendments, if we decide amendments are necessary. The member has referred to the act being under review, and we are reviewing it. As I am sure my friend knows, my assistant deputy minister has some excellent ideas in a number of areas, including this one, and we are taking an active look at the whole issue.

WATER QUALITY

Ms. Fish: I have a question for the Minister of the Environment. I would like to return to the matter of dioxin being found in treated drinking water in several municipalities in southwestern Ontario. Prior to the minister's announcement on Tuesday that dioxin had been found in the treated drinking water and that he was prepared to accept a certain level of dioxin in the water as acceptable, there had never before been any level of dioxin in drinking water set as acceptable. What changed his mind suddenly to accept some levels of dioxin as suitable?

Hon. Mr. Bradley: I cannot recall, and perhaps the honourable member cannot recall from her days as a member of the government, as extensive a testing program in any specific area as we have had in the St. Clair River area. We were testing on a weekly basis and using the very

best methods. We were not only using our own equipment, which goes down to parts per quadrillion, but as well the Department of National Health and Welfare assisted us latterly with probably the most sophisticated equipment and methods. This was the first time we actually found it. That is not to suggest it might not have been there in the past when the methods were not as effective.

I have always indicated, and I continue to indicate, a high level of concern about this or any other substance found in the water. I attempted to differentiate between various kinds of dioxin, with tetras being the most deadly—particularly 2,3,7,8-TCDD, being the deadliest of all. I also attempted to differentiate between the amounts one might find and how minute they might or might not be before triggering a different response.

It is a matter of concern on a continuing basis and we are attempting to address the problem by getting at the sources of dioxin.

Ms. Fish: I do not think the question has been answered. The point is that at no time prior to his statement on Tuesday was any level of dioxin or any type of dioxin considered safe or acceptable in treated drinking water. The minister finds it in the treated drinking water, and the next thing we know he considers that some dioxin is acceptable in drinking water.

Since the minister has refused under previous questioning to take any steps whatsoever, either to improve water treatment facilities in communities where dioxin has been found in the treated drinking water or to provide safe alternative water supplies, what steps will the minister now indicate he has taken to ensure that no further traces of any dioxin, all of which are lethal, will be found in treated drinking water in those communities?

10:50 a.m.

Hon. Mr. Bradley: I consider it interesting that the member who is asking this question was part of a government that sat on its fanny for six years and refused to implement the spills bill, a very progressive piece of legislation that would have dealt with these matters at their source. They sat on their fannies and did nothing about it for six years, yet those members are still fighting the spills bill.

Interjections.

Mr. Speaker: Order.

Ms. Grier: Yesterday, when I asked the Minister of the Environment whether any other jurisdiction had accepted dioxin in its drinking

water, he did not give me an answer. He merely showed his own report and explained how he had arrived at the acceptability of this level of dioxin. Has he discovered, in the meantime, whether any other jurisdiction in the world accepts dioxin in its drinking water?

Hon. Mr. Bradley: I cannot speak for very many other jurisdictions to say whether anybody considers any of these substances acceptable in drinking water.

I can tell the honourable member there are probably very few jurisdictions in the world that test to the level of parts per quadrillion and have the equipment that is available both to the Ministry of the Environment of Ontario through our laboratories and to the Department of National Health and Welfare and its laboratories. There are probably very few others that would be able even to discover the quantity of dioxin—in this case, octachlorodioxin—that we have been able to discover in Ontario.

DENTURISTS

Mr. Swart: I have a question for the Minister of Health. He will know there will be savings of millions of dollars annually to the people of this province if denturists are permitted to make, repair and sell partial dentures directly to the public. He also knows how satisfactory this practice has been in Manitoba, Saskatchewan and Quebec, where it has been permitted.

Why has the minister not already taken the simple steps to amend the legislation here so that denturists and the public will have the rights they deserve, and how soon can we expect that legislation?

Hon. Mr. Elston: With respect to the review of the health professions legislation, as members know we are reaching the final stages of recommendations about those groups to be regulated in this province. We have made an announcement already with respect to midwives.

The group of people whom the honourable member has just singled out are involved in the rest of the deliberations with respect to the health professions. I cannot tell him when the legislation will be available. It will require a long series of meetings and discussions with those groups to be regulated. I cannot tell him how long that process will take, but we are getting close to making final decisions with respect to those groups that will be included in the group of regulated professions.

Mr. Swart: The minister knows this is exactly the same answer the Leader of the Opposition

(Mr. Grossman) gave three years ago when he held that position.

Does the minister not know that this issue has been studied to death? It is an issue that stands on its own, apart from the Schwartz committee. Does he not realize the member for Brant-Oxford-Norfolk (Mr. Nixon) first tabled a bill on this 13 years ago? Why will the minister not quit the stalling, remove the issue from the Schwartz committee and get the legislation before this House?

Hon. Mr. Elston: In this province we have a review that is looking at how health care is delivered. We cannot deal with one group in isolation. I have found, and other members of this assembly will find, that professionals are dependent on each other because they deliver parts of services in the health care field. In this case, I am not prepared to take one group away from that review. We have a very good analysis of our health professions, and I want to continue speaking and working with those professions to set up a good and workable piece of legislation.

CONFLICT OF INTEREST

Mr. Gillies: I have a new question for the Premier. On Tuesday, he told this House that he understood the financial disclosure documents of his ministers were filed with the Clerk. I went down to the Clerk's office a few minutes ago and they are still not filed. Will the Premier undertake to stop hiding behind layers of bureaucracy and make those documents available to the members of this House today?

Hon. Mr. Peterson: I do not think I said the Clerk, but if I did I was wrong on Tuesday. The situation is that it is filed with the Assistant Deputy Attorney General, Blenus Wright. I think that is what I said. At the appropriate time, in his judgement, he files it with the Clerk.

I know the Clerk cannot answer questions here, even though he knows everything that is going on in this House, but I am sure the Clerk could stand in his place and confirm that procedure. That is what has gone on. It is Mr. Wright who decides when to file those, in his judgement.

Mr. Gillies: The Premier did not say in the House they were filed with the Assistant Deputy Attorney General. He said very clearly on Tuesday they were filed with the Clerk. They are not. The Premier is using any number of delaying tactics to avoid the scrutiny of the members of the opposition.

Mr. Speaker: Supplementary.

Mr. Gillies: Officials of the Ministry of the Attorney General have told us we cannot scrutinize them at their offices. Will the Premier issue a directive today that the members of this House be allowed scrutiny of the documents pertaining to his ministers' disclosures?

Hon. Mr. Peterson: I have said to the honourable member before, and I will say again, we will follow the normal procedures, which were established prior to our coming along.

Mr. Grossman: That is not so. That is inaccurate and untrue.

Interjections.

Hon. Mr. Peterson: Of course we will. Mr. Wright, as I understand it, gathers up the information and satisfies himself that everything is in order. I am told he files one copy with the secretary of the cabinet and another with the Clerk of this House. He is going to be doing that forthwith, so I am told. It is quite clear. There is no big surprise; there is nothing new.

Mr. Grossman: The Premier should order him to table it today.

Mr. Timbrell: Why is the Premier covering up?

Mr. Grossman: It is an absolute coverup. It is unreal. The Premier should order him to do it.

Mr. Speaker: Order.

Mr. Grossman: So much for open government. Everything else is open except their financial information.

Mr. Speaker: Order.

Mr. Grossman: It is unbelievable. He will not order the disclosure.

Hon. Mr. Peterson: Let us hear the financial information of the member for St. Andrew-St. Patrick (Mr. Grossman).

Mr. Davis: Let us see the Premier's; his is ready.

Mr. Gillies: The only thing that is open is the FMA account.

Mr. Grossman: How much longer is the Premier going to wait?

Mr. Speaker: Order. All you are doing is taking away from other members' time to ask questions—

Mr. Grossman: We want information—

Mr. Speaker: Order.

Mr. Sargent: Mr. Speaker, on a point of privilege: In view of the ongoing happenings with Mickey Rooney and his gang in Ottawa on the bugging of the Liberal caucus, I would like to suggest—

Mr. Speaker: Order. Any points of privilege and that sort of thing are usually left until after the question period.

[Later]

Hon. Mr. Peterson: Blenus Wright now is ready to file with the Clerk. I will instruct him to file all the things immediately.

Mr. Timbrell: On a point of order, Mr. Speaker: Now that the Premier has seen fit to file the statements of the ministerial disclosures, will he also file today all the information from the Ministry of Natural Resources?

WATER QUALITY

Mrs. Grier: I would like to bring the Minister of the Environment back to the drinking water issue. The minister appears to be indicating it is simply our ability to discover dioxin that has led to its being announced. Will he assure the House that he will be using the same sophisticated techniques and frequent testing to test drinking water in communities other than those in the St. Clair River area, and specifically in those areas that take their drinking water from Lake Ontario?

11 a.m.

Hon. Mr. Bradley: As the honourable member is aware, the Ministry of the Environment has been testing for dioxin on an ongoing basis since at least 1983, when it acquired the capability to do so. Before that the ministry had the capability of testing for other substances, and it continues to have that ability.

We are attempting to identify on an ongoing basis those areas which would be most sensitive to any toxic materials entering the waterways. One of those areas has been Lake Ontario, which is why the ministry carried out a program of a series of tests around Lake Ontario. We will continue to do that, and in any area where there is reason to believe there could be a greater problem than in other areas we are prepared to increase the frequency of the testing. We will use the same method of testing to ensure that we are aware of any problems that might exist.

Mrs. Grier: In his statement yesterday, the minister indicated he was now prepared to look at activated carbon filter beds for water taken from Lake Ontario. Does that mean he will accede to the request he received from the mayor of the city of Toronto to participate in a project here in Metropolitan Toronto?

Hon. Mr. Bradley: Coincidentally, I am meeting with the mayor of the city of Toronto this afternoon to discuss a number of matters of mutual concern. No doubt that will be one of the

matters discussed. I am prepared to listen to what the mayor has to say and make a judgement on that basis.

Ms. Fish: Will the minister now accede to the request of the member for Sarnia (Mr. Brandt) that activated carbon filter beds be installed in the water treatment facilities in the city of Sarnia?

Hon. Mr. Bradley: This is the first time I have heard of the member for Sarnia having asked for that information. Ordinarily, I have been under considerable criticism for indicating there is a problem in the Sarnia area. Most of the time the problem that has arisen has been downstream from Sarnia. On this one occasion there has been a find in the Sarnia water.

We are looking right across Ontario for placement of a demonstration project. That is a full plant project as opposed to the experiment that is taking place at Niagara Falls. We are looking at a number of potential sites to see which would be best to determine the effectiveness of this kind of filtration.

LICENSING OF TRUCKERS

Mr. Gregory: I have a question of the Minister of Transportation and Communications. The minister is aware of his decision of December 19, 1985, at which time he approved the transfer of operating licences of Harkema Express Lines Ltd. in Brampton to an American company, Roadway Express Inc., knowing Harkema's licences had been dormant since 1981.

How can he justify his decision to transfer dormant licences to an American company given the impact on jobs, the impact on our local carriers from increased competition and, further, the timing of his decision given that negotiations surrounding free trade with the United States are at a very crucial stage?

Can the minister provide this House with an explanation as to why he failed to notify the interested parties of his decision, a simple common courtesy practised by the former administration?

Hon. Mr. Fulton: Given the nature and the technicality of the question, I will take it under advisement and advise the honourable member properly.

Mr. Gregory: I am amazed that the minister does not recall making a decision of this magnitude on December 19. I am amazed that he does not recall having signed the letter, which I have with me. Given that the two largest American trucking companies, namely Yellow Freight and Consolidated Freightways, already

have access to the Ontario market, does the minister not agree that any move now on international trucking policies is crucial, considering the implications for the trucking industry of further free trade negotiations with the US?

Hon. Mr. Fulton: I am well aware of the member's concern in those matters that have been before the Ontario Highway Transport Board, the body he and his colleagues appointed. I refer him to my first answer and give him the same answer on his supplementary question.

FOREST MANAGEMENT AGREEMENTS

Mr. Laughren: I have a question of the Premier, if I can get his attention away from the Minister of Education (Mr. Conway).

On the eve of the Progressive Conservative leadership convention several months ago, the Provincial Auditor tabled a report which was very critical of the way in which the forest management agreements were tabled, particularly vis-à-vis the awarding of greenhouse contracts. Would the Premier assure us that the timing of the release of that document did not compromise the independence of the auditor in view of the fact that it did embarrass a member of the PC leadership race?

Hon. Mr. Peterson: I am aware of the allegations, since I read in today's paper of something that transpired yesterday. I had not personally been aware of the situation before that.

I understand that the deputy minister made an independent judgement in that regard, and I want to assure the honourable member and other members of this House that it is not our intention to embarrass anyone in these kinds of situations. We are not spending our time searching for things to embarrass anyone, be it the former government or anyone else, because we have such a heavy agenda of things we want to do constructively.

It is our view that information should be shared generally and we have seen that kind of approach from this government. I can assure the member I was not aware of it, whenever it was done. I am told the minister was not aware and I am told it was the deputy minister's decision. Believe me, I like the members across the chamber and I would like to help them all in whatever their career goals are.

Mr. Laughren: In view of the fact that veiled allegations were made that perhaps the timing was politically motivated, will the Premier, in order to clear the air completely, table any kind of correspondence surrounding the awarding of

those contracts and the release of the Provincial Auditor's document?

Hon. Mr. Peterson: I am prepared to think about that. Believe me, I do not want to embarrass anyone. I do not know which parts of that information are subject to the accord. We have an accord with the members opposite, too, with respect to the confidentiality of certain documents.

My general inclination is to let everything go to the public, particularly in the awarding of contracts. I agree with the member that everything must be done scrupulously. The awarding of FMAs or any contract of this government is the people's business and they should have the opportunity to scrutinize it. That is generally my view. I will look at the situation.

UNEMPLOYMENT

Mr. Brandt: I have a question of the Premier. A couple of days ago I sent him a letter following up on a question I had raised in the House with respect to the chronic levels of unemployment we are currently experiencing in my riding. To refresh his memory, the unemployment rate is about 15 per cent, and in the construction trades it is now more than 50 per cent.

The Premier asked me to provide him with some suggestions on how the unemployment rate might be reduced. In the letter I sent him, I have suggested a number of projects, such as the expansions that are necessary—which the Minister of Health (Mr. Elston) knows about—at St. Joseph's Hospital and at Sarnia General Hospital, road construction and the completion of the East Lambton water line.

Will the Premier give an undertaking today to see that those projects are accelerated in order to bring on some jobs in my community and to alleviate the present unacceptably high levels of unemployment?

Hon. Mr. Peterson: I received the honourable member's letter yesterday or the day before and I appreciate his constructive ideas in that regard.

I cannot give him those assurances in the House today. The reality, as he will know as a former minister of the crown, is that we have unacceptably high levels of unemployment in a number of communities across this province, not just in Sarnia.

Also, he will be aware of the inordinate pressure for capital expenditures for hospitals and public services of all types—roads and others—all of which confer a benefit on the community when those allocations are made. We

have to approach those things with a very even hand, as he will be aware.

I can assure the member I will discuss these specific ideas, particularly with the Minister of Health, and see where he is on those projects at the moment. If there is anything that can reasonably be done, depending on where they are in our priority list, I can assure him I am anxious to be co-operative, not just in Sarnia but everywhere across the province.

11:10 a.m.

Mr. Brandt: I am pleased to hear that the Premier will be helpful in this regard. Recognizing the need for the prioritization of the various projects that come before cabinet, and recognizing as well that the Minister of Health has a number of critical proposals before him for the expansion of facilities, can I have an assurance from the Premier that he will take levels of unemployment in some of these communities into account when making those decisions, since there are no other differences between some of these communities? They all need new health facilities and the only difference may be that some communities are in a more critical unemployment situation than others.

Hon. Mr. Peterson: It probably would be a consideration, but in my personal view it would not be the major consideration, which has to be need. I am aware of an enormous community lobby for new facilities. The honourable member will be aware of our need for cancer treatment facilities in Ontario at present. That is an area we want to address.

In my own community of London, there are three hospitals that have big capital projects at the present time. I am sure any member of this House could rise and say the same thing about his hospitals. We are going to have to be as objective as we can possibly be in the circumstances, and the number one priority will be demonstrated need.

ELECTRONIC EAVESDROPPING

Mr. Sargent: On a point of privilege, Mr. Speaker: It goes without saying that this party has the highest regard for the ethics of the opposition. However, in view of what is happening in Ottawa with the bugging of the Liberal caucus, will the Speaker consider electronic sweeping of all caucuses here to establish for history that nothing is present?

Mr. Speaker: That is not really a point of privilege, but it is a good suggestion.

PETITION

ROMAN CATHOLIC SECONDARY SCHOOLS

Mr. Ramsay: I have a petition from the Coalition for Public Education.

"Dear Mr. Premier:

"Ontario is a multiracial, multicultural and multifait society that is well served by a strong public school system. Your government's proposal to extend public funding to the Roman Catholic separate schools is a backward step since it will grant special status to one specific denominational group.

"We urge you and your government not to proceed with this divisive proposal."

INTRODUCTION OF BILLS

OCCUPATIONAL HEALTH AND SAFETY AMENDMENT ACT

Hon. Mr. Wrye moved, seconded by Mr. Polsinelli, first reading of Bill 101, An Act to amend the Occupational Health and Safety Act.

Motion agreed to.

DENTURE THERAPISTS AMENDMENT ACT

Mr. Swart moved, seconded by Mr. Warner, first reading of Bill 102, An Act to amend the Denture Therapists Act.

Motion agreed to.

Mr. Swart: This bill would amend the act to refer to "denturists" rather than "dental therapists," would permit denturists to make, repair, and market partial dentures without requiring supervision by dentists and would permit them to deal directly with the public.

ANSWERS TO QUESTIONS IN ORDERS AND NOTICES AND RESPONSE TO PETITION

Hon. Mr. Nixon: I have tabled the answers to questions 163, 172, 177, 178, 200, 204 and the interim answers to questions 199, 201, and 202 standing in Orders and Notices, and a petition presented to the Legislature, sessional paper 317 [see appendix, page 3705].

ORDERS OF THE DAY

HEALTH CARE ACCESSIBILITY ACT (continued)

Resuming the adjourned debate on the motion for second reading of Bill 94, An Act regulating the Amounts that Persons may charge for

rendering Services that are Insured Services under the Health Insurance Act.

Mr. Andrewes: I have a few brief comments. When we adjourned the debate last evening, we were talking about accessibility. In an effort not to be repetitive, I will go back for a moment to the opening statement made by the Minister of Health (Mr. Elston) on December 19, 1985, when the legislation was introduced. He said, "The principle of accessibility to needed health care without any regard for an individual's financial circumstances or ability to pay is in jeopardy in this province."

We had an interesting interchange last evening with respect to the term "accessibility" and my request that the minister demonstrate in a substantive way, which he did not do in his opening statement, his statement that the principle of accessibility is in jeopardy in this province.

The minister rose on a point of order and asked for permission to ask me a question, to which I acceded. The question was would I conclude my comments so the minister could put some information on the record to substantiate that statement. After I make these rather brief comments—no doubt my colleagues will have some to add—we will be delighted to hear from the minister. It is unfortunate that although this debate has been very thorough, succinct and direct, we have not heard anything from the minister that substantiates the statement he made when he introduced the legislation.

The members of the New Democratic Party have been singing songs of support for the government on this legislation. There is no doubt they may have time to reflect on their self-congratulation. Some of them may have more time to reflect than others. To some degree, their songs of support have been repetitive. I would not want to suggest they are calling the tune of the government, but it would appear so. The melody seems harmonious, although the lines are a bit repetitive, but they have still to find the rhythm.

11:20 a.m.

In their presentations to the House, members of the New Democratic Party, as well as the very few members of the Liberal Party who have spoken in this debate, have offered examples of situations in their constituency offices and communities of individuals or families coming to them claiming that they have not been able to obtain the health care they require, that accessibility to the system has been limited because they could not afford this health care and that members of the communities they represent are

waiting to see the appropriate medical practitioner and receive the appropriate health care.

I have been a member of this House for nearly five years. My constituency office is open every day with the exception of Sundays and statutory holidays, as are those of the members of the New Democratic Party and of the Liberal Party. My number is published openly in the telephone directories of all the communities I represent. I do not feel accessibility to me and my office is restricted in any way. Yet to this date I have not had one individual approach me about accessibility to the health care system.

Many have come to me and said: "I cannot find a nursing home for my mother, my father or my relative, who needs to move out of a hospital situation. I cannot find the proper community day program for a member of my family. I cannot find a treatment centre for my alcoholic relative." However, I have yet to be approached by individuals or families to say they have difficulty in obtaining appropriate health care through a medical practitioner, opted in, opted out or otherwise, if there is an otherwise. I have yet to have that situation put to me.

The minister points out in his statement, and these are his words, that accessibility is in jeopardy in this province. I have issued a challenge to him to prove that. I want to go on at some length to prove to the members of the government and of the New Democratic Party—I do not have to prove it to my colleagues—that health care accessibility is in jeopardy in this province, but not because members of the medical profession have either opted in or opted out of a medical plan and are adjusting their fees accordingly.

Perhaps there are situations in parts of this province where it is difficult for an individual or a family to find the right specialist. Perhaps in cases of opted-out anaesthetists, individuals find themselves faced with making sudden decisions. The minister alludes to this situation in his statement and calls it clustering. Even an organization such as the Ontario Medical Association, which is stridently opposed to this legislation, would not argue it is not a problem.

There are situations that need to be confronted and adjusted, but when we look at these situations it is appropriate to read into the record some of the comments made by the president of the Ontario Medical Association, Dr. Myers, in a letter to the Premier (Mr. Peterson) on January 21, when he said:

"Representatives of the Ontario Medical Association, including myself, met with you on

several occasions this past fall to discuss problems in the health care system. We agreed with you that the dilemma presented by increasing needs and scarce resources required urgent attention."

That is a significant statement. It is "a dilemma presented by increasing needs and scarce resources" requiring urgent attention.

"We were pleased to hear that you recognized the public purse cannot support the full cost of health care for much longer if we are to maintain our current high standards of care.

"We expressed great eagerness to participate in a fundamental reconsideration of how health care is delivered to the people of Ontario and how it is funded. We further agreed that in the context of such a study, physicians' billing practices should be a part of the exercise."

That is a significant statement, which bears repeating: "We further agreed that, in the context of such a study, physicians' billing practices should be a part of the exercise." I believe the subject of this debate, Bill 94, deals with the question of physicians' billing practices, the amounts that persons may charge for rendering services that are insured services under the Health Insurance Act.

"We suggested further that while a study was under way we would assist you in ensuring that the financially disadvantaged were exempt from any direct charges by physicians."

Does that sound self-serving? Does it sound acrimonious? No, I do not believe so. It sounds to me like an act of co-operation, a willingness to work together in a health care system, an offer on the part of health care professionals to be an integral part of the solution to the problem, a recognition by that group that there is a problem and certainly a willingness to work towards the solution.

Like every member of the government and every member of these two opposition parties, physicians, optometrists, dentists and other types of medical practitioners in this province, whatever they may be, have one basic commitment, and that is to serve mankind. You, Mr. Speaker, would understand that better than anyone else.

What happened after these consultations between the Ontario Medical Association and the government? What happened after this organization showed a willingness to work together to find solutions to a very basic problem? Boom—a piece of legislation, Bill 94, was introduced on December 19.

11:30 a.m.

Dr. Myers goes on to say: "In the final analysis you refused to hold back legislation on the opt-out question pending such a study. In short, it was you, not we, who refused to negotiate."

Does that sound like an open and consultative government? Does that sound like a government willing to work with professional practitioners to find some answers to the problem? Does that sound like the words that were uttered, we hope sincerely, by the Premier back in July when he was sworn into office? Boom—legislation, not consultation; gun-to-the-head negotiation, not consultation.

The letter goes on to say: "The OMA now publicly presents you with the offer we made in private. The people of Ontario cannot afford a war between physicians and government. The stakes are too high. The current excellence we enjoy in health care is the fruit of a long-standing collaborative relationship. We plead with you to put away your legislative hammer and join with us in finding a better way. The people expect no less of us."

In the minister's statement on December 19, 1985, he goes on to talk about the question of universality and mentions the range of services:

"We claim that our health care system is a universal one...that the same range of services is available to everyone. We also claim that the system is accessible and that everyone has equal opportunity to receive the services being provided."

When the number of doctors who have opted out of the medical care system is declining, when even the Minister of Health and the Minister of National Health and Welfare cannot accurately define the cost of extra billing or the numbers of doctors who are opted out and extra billing, I find it difficult to accept this next sentence, in which the minister goes on to say:

"In particular, we claim that we have a system where no economic, social, ethnic or age group will be deterred from receiving needed health care or from visiting a physician of choice."

I find it difficult to accept that the minister could make that kind of bald-faced statement at the same time as he was introducing this piece of legislation. I am sure Mr. Speaker has some difficulty with that as well. I hope he does.

I might offer some further evidence for my difficulty in hearing the minister make that statement synonymously with his introduction of this bill. I refer to the Ministry of Health's annual report. If I can find the appropriate section, I want to make one additional comment.

On page 46 of this report is a summary of the activities of the Ontario health insurance plan. At the bottom of this chart is a section called "Mode of Payment," and in brackets it says, "Based on claims payments." It lists a great many disciplines: medical, dental, optometric, chiropractic, osteopathy, chiropody, physiotherapy and "overall." There are two subcolumns headed "Physician" with a percentage sign and "Subscriber" with a percentage sign.

I am going into this in some detail because I think some detailed explanation is required for the sake of the written word.

We see under this extensive list of disciplines, in the "Mode of Payment" column, that 92.5 per cent of the payments made under OHIP activities were made directly to the physicians and 7.5 per cent were made directly to the subscribers.

If I am wrong, perhaps someone will correct me, but I have to conclude that approximately seven and a half per cent of the billings through OHIP either were extra billed or the doctor in question billed the patient—he may or may not have extra billed, but he billed the patient—and the patient submitted the bill to OHIP for reimbursement.

We are not talking about 12 per cent; we are talking about what appears to be a maximum of seven and a half per cent, and possibly considerably less, and yet we have this legislation dealing with the question in the government's mind of accessibility.

We are in a situation where a professional body such as the Ontario Medical Association has offered to use what I would loosely describe as its willpower over its membership to ensure that the range of services the minister talks about in his statement are accessible and available. I find it incredible that the minister could make the statements he did in his statement.

He goes on to say:

"I therefore find it intolerable that today, in some major urban centres of this province, women still have difficulty finding an obstetrician who does not extra bill. I believe it is inexcusable that today, almost 20 years after insured health services became law in this province, patients scheduled for surgery must discuss with their anaesthetist the fee for services to be rendered.

"I am also aware that among physicians, extra billing can and does distort normal patient-referral patterns. Doctors in general practice do not always know which specialists extra bill and patients frequently do not find out until they arrive at the specialist's office."

I suggest that sentence requires some clarification because the Ministry of Health obviously does not know which specialists extra bill; otherwise, it would be listed. Like many other members, I am sure, I have a compendium in my constituency office that lists the doctors who are opted in. Therefore, the ministry obviously does not know those who are not opted in.

When figures are bounced around about \$55 million a year, about 12 per cent versus eight per cent or three per cent, ambiguity is still there. We still are not assured that the anticipated revenues flowing from the government of Canada as a result of this legislation that supposedly satisfies the Canada Health Act will be as substantive as some might conclude.

11:40 a.m.

The minister in his statement uses terms like "intolerable," "inexcusable," "distort normal patient-referral patterns." Naturally, in a health care system where universality is a very basic principle, accessibility to a range of services must be a very basic principle. However, I have not seen evidence that it is impaired by opting out or by extra billing. If there are instances of that, we have a professional organization that has offered to find solutions by participation and negotiation.

I suggest that the government, for whatever reason—I am certainly not going to stand here and impugn motives, because the member for Brampton (Mr. Callahan) was impugning motives to the members of the Conservative Party the other evening and I asked you, Mr. Speaker, to call him to order—has chosen to deal with this particular problem in a very draconian fashion.

What this bill does is give us bottom-line medical care. The minister has chosen to deal with a problem that we, certainly I and the Ontario Medical Association, admit needs to be dealt with in the medical care system. He has chosen to deal with it in a bottom-line fashion. It is a manner that perhaps expresses some expedience, but it is a manner that fails to recognize the excellence of a practitioner. It fails to recognize that this practitioner should have discretion or judgement in the exercise of his or her profession on a day-to-day basis dealing with a variety of illnesses, a variety of treatments. It fails to recognize a more basic right; it denies a basic right. If one is going to practise medicine in Ontario, this bill says that one must do so within the confines of what the government determines will be one's bottom line.

Let me deal for a moment with the whole question of the distribution of the expertise;

"expertise" meaning, in this case, the expertise that is carried out by medical, dental and ophthalmology practitioners.

The ministry does have a number of programs to deal with this problem of distribution. The Ontario Medical Association has offered, in the letter I read into the record earlier on, to be a part of the solution of that problem. Ministry programs, of course, are designed to encourage practitioners to move to the less populated areas of the province, to move to those areas where climatic conditions may be such that the lifestyle a particular practitioner and his family are used to may not be accessible or available. These programs assist these practitioners with their moving costs, with their relocation, in establishing clinics—very worthy programs in the Ministry of Health that have been in place for some time.

As I mentioned, these programs attempt to encourage movement to the less populated areas to solve some of these problems of accessibility resulting not from cost to the individual but from distances travelled or distances one might need to travel to obtain the appropriate treatment.

The important ingredient in finding the answer to these problems is not Bill 94. Even the minister and his parliamentary assistant will agree that the important ingredient is co-operation.

One will not coerce a specialist who has practised in the Toronto area for 15 years to go to Powassan, North Bay, Moosonee or to points in the northwest of the province; one will not coerce that individual to practise psychiatry in Timmins simply by saying: "We will pay your moving costs. We will help you set up a clinic." One will have to get a committed practitioner to say: "Yes; there is a need there and I am prepared to go there and address it."

If one does not have that co-operation and continues to tamper with a system that has been built on co-operation, one will find there will be an even greater problem of accessibility. The concentration, the clustering in this province that the minister refers to in his opening statement will become an even greater problem. Without co-operation, the expertise we need to make this system work will, in itself, become depleted.

My colleague the member for Durham-York (Mr. Stevenson), in his remarks, talked about a small hospital in his riding where a doctor practises gynaecology one day each week. He is a living example of where co-operation has led that community, which is not served by a huge teaching hospital as the Toronto area is served.

A rural community with a small rural hospital now finds itself with regular service by a specialist, a gynaecologist. He has openly said that because this piece of legislation takes away that spirit of co-operation it will lessen his desire to practise in that rural community. Those people who are becoming dependent on his services may soon be without them.

I want to refer very briefly to an editorial that appeared in the *St. Catharines Standard* on December 2. The editorial is headed: "Discrimination and a Threat to Health Care."

11:50 a.m.

You, Mr. Speaker, and all members of this House, understand that one of the arts of attracting readership in the print media is writing catchy headlines; headlines that will attract attention and that, in some cases, are inflammatory or inciteful. If one puts up an editorial headline that says "Discrimination" in a newspaper in a small- to medium-size city like *St. Catharines*, the community this paper serves, it stands out. If it were printed with red ink it would not stand out any better than by using the term "discrimination." If the word "threat" is added to it and the two are tied together, suddenly people who seldom read editorials turn the page and begin to read it.

As a Tory in the Niagara Peninsula, perhaps I might suggest with respect that the *St. Catharines Standard* has never been kind to the Tory party. Some have suggested it is nothing more than a forum for the member for *St. Catharines* (Mr. Bradley). I could refer to a recent edition where the member for *St. Catharines* found himself on at least five pages. In fact, there was a full-page story about his antics as Minister of the Environment, and his plans for that ministry and for himself, outlined in red ink.

Mr. Philip: That is not true. the member for Welland-Thorold (Mr. Swart) gets all kinds of coverage in that paper.

Mr. Andrewes: The member for Welland-Thorold occasionally finds himself on page 8. I do not speak disparagingly about the member for *St. Catharines*, the member for Welland-Thorold, the member for Lincoln, the member for Niagara Falls (Mr. Kerrio) or the member for Erie (Mr. Haggerty), who occasionally find themselves referred to in the *St. Catharines Standard*. I raise this because I want to show there is some objectivity to this article.

Although as Tories we might cynically suggest this newspaper has never been terribly favourable to our party or our point of view, I have chosen and selected, some might say purposely,

this editorial because of where it comes from, and it does bear some objectivity.

The article starts with "Discrimination and a Threat to Health Care." It is about the anticipated introduction of Bill 94, An Act regulating the Amounts that Persons may charge for rendering Services that are Insured Services under the Health Insurance Act. It begins, "In its short life, the provincial Liberal government has rushed into action with some much overdue and welcome legislation...." We see how objective this article is. That is a very objective observation, perhaps prompted by the desire to outdistance itself from its Conservative predecessors of the past 42 years.

It goes on to say, "But there is danger in haste, and the government appears to have stepped too quickly with its plan to ban extra billing by doctors." That is a further objective comment by the *St. Catharines Standard*. "The result could be a serious threat to the health of the health care system in Ontario." It then talks about a bit of the rhetoric that surrounds this discussion, which has come from all sides and all points of view, and particularly mentions the statement by the Ontario Medical Association that the proposed legislation would be a blatant act of terrorism, an oft-quoted phrase sometimes credited to my colleague the member for York Mills (Miss Stephenson).

It goes on to say, "A total ban on extra billing—with threats of fines for those who don't conform—is unfair." Can you believe that., Mr. Speaker? The *St. Catharines Standard*, an objective publication, said that. "While Health minister Murray Elston may claim 'the people' support him (has there ever been a poll conducted which did not find that people want reduced costs of goods and services?), the government must consider the effects such a ban can have on the health care system."

I have marked the next two paragraphs so that I might read them in detail. They are very short:

"As it stands now, a ban on billing above the OHIP fee schedule—and that is something that could stand review—means a doctor fresh out of medical school would be paid the same as a doctor with years of experience and expertise.

"Forgotten also is the fact that many specialists did not take the easy route by entering practice as soon as they graduated. Instead, they decided to advance themselves and, in doing so, enhance the skills available to their patients by staying in 'school' and working towards much-needed specialities. They gave up the luxury of settling down in their mid-20s, raising families and

buying a house in favour of added study and experience, sacrificing a great deal of income to climb to the top of their profession."

That is a point worth noting. All of us have on many occasions watched television comedies, movies that have been made, like *Doctor in the House*, through a whole series of movies made about young people attending medical school and all the problems and all the fun that went along with it. There have been lots of TV doctor shows that demonstrate quite vividly the pressures medical practitioners are under, maybe a little melodramatically on occasion. However, for many of us who have not experienced those kinds of situations, there is some validity to the drama of *St. Elsewhere* and other types of programs.

Here we have this issue of a number of doctors who have spent an extensive part of their career re-educating themselves, equipping themselves for some greater task than that for which their formal education and their formal training in medical school prepared them. The editorial goes on to say:

"Under the proposed legislation, this would all go for nought. Surely the provincial government—while maintaining an affordable and efficient health care system—must take this into account. If not, these doctors may decide to take their skills elsewhere or, even worse, decide to enter the marketplace with the minimum qualifications required. In either case, the people of Ontario will be deprived of their talents."

12 noon

That would be a shame. It would be as hurtful to the health care system as it would be to any other profession. If individuals decided that they did not want to go to grad school; if individuals decided that in spite of their skills at playing hockey, say, they did not want to go on to demonstrate those skills in a greater way or did not want to fine-tune those skills; or if they had the ability to become skilled gymnasts and they abandoned that training for the sake of an easier life, setting aside the discipline that is necessary, I think it would be a shame; and so does the *St. Catharines Standard*.

The next paragraph is in brackets because I assume it is an afterthought the editor had when he wrote this editorial:

"(It should also not be forgotten that even under the current system where extra billing is allowed, many surgeons and specialists are not unaware of the problems of their patients and the extra costs are waived. This is not as uncommon as many may think.)"

He is saying that not all the medical practitioners who have opted out of the Ontario health insurance plan extra bill. That is an observation of some note. When the editor wrote this editorial, he may have put this in brackets because he felt many people lacked the afterthought he had. Many people fail to make that observation. He was putting himself in the position of many of his readers when he put those comments in brackets.

"The furore over the extra billing ban cannot be regarded as just another labour dispute between employee and management. The government is not the doctors' employer, and the doctors have the right to practise what and where they will. Would lawyers accept a ceiling on their fees? Would plumbers? Would auto workers? Doctors who operate outside the OHIP umbrella should have the same rights as anyone else. With this measure, the provincial government is surely guilty of discrimination." That is an inflammatory comment; nevertheless, it bears some consideration in this debate.

I want to deal with the issue of quality of care. I will come back to the question of accessibility later and offer some examples. In my riding in the Niagara region, accessibility is in jeopardy, not as a result of doctors who have opted out of the plan or of patients having difficulty in securing services from doctors but as a result of many other situations that might arise. I want to deal briefly with this question of quality of care.

In my earlier statements on accessibility, I trust I have challenged, if not refuted, many of the arguments put by the minister in his opening statement and in his response to questions, by the few government members who have taken the time to speak on this bill and by the members of the New Democratic Party who have supported the legislation. I hope I have challenged, if I have not refuted, the question of accessibility.

Those members from outside of the urban centres have a better feeling and sense about this issue. Life is different for those from Etobicoke, Hamilton West and Parkdale. Life is different in Lincoln, Manitoulin, Burlington South, Huron-Bruce and Wentworth North.

Mrs. Marland: And in Mississauga South?

Mr. Andrewes: No, life is not different in Mississauga South. I have to put the member for Mississauga South (Mrs. Marland) in the same category geographically as Parkdale and Mississauga North, but only geographically. However, life is different outside these urban centres.

As my colleague the member for Nippissing (Mr. Harris), the member for Durham-York (Mr. Stevenson) and others have said—

Mr. Haggerty: Where are they?

Mr. Andrewes: The member for Erie has returned. I was just speaking about him earlier. I was speaking about the fact that he and I seldom find ourselves headlined in the *St. Catharines Standard* as the member for St. Catharines often does. I was doing that simply to put on the record an argument to support the fact this editorial, which I quoted verbatim and read into the record, would have to be an objective one because it was in the *St. Catharines Standard*. One would have to find a very skilled private detective, and I could not even begin to recommend one, to find a Tory toady on the staff of that paper. One would have to search very diligently.

I want to return to the whole question of quality of care. It is an issue that is much more in the public interest and the public forum. It is one that requires much more of our input in this chamber.

We have heard from the minister, the government, the New Democrats and the Conservatives that we have in this province the finest health care system in the world. Is anybody in the Liberal benches going to deny that? Is anybody in the New Democratic Party going to deny that? I know where my own colleagues stand on that issue. The member for York Mills would vouch for that.

Ms. E. J. Smith: We have an excellent system.

Mr. Andrewes: I do not think any member, including the member for London South (Ms. E. J. Smith), would deny that we have the finest health care system in the world.

Ms. E. J. Smith: That is right. I want everyone to be able to take advantage of that.

Mr. Andrewes: She has acknowledged that we have the finest health care system in the world. I am sure the members of the Liberal Party, the New Democratic Party and the Conservative Party, certainly the member for London South, will agree our objective is to preserve that world-recognized standard.

It is not simply our objective, it is our obligation to preserve it. We can go beyond that for a moment and say our obligation is not simply to preserve but improve it. That is why we are here. That is the purpose of being elected. That is the purpose of government in a government-sponsored program: to make sure it gets better and does not decline or fall back.

12:10 p.m.

We have another obligation, as I am sure the Treasurer, Minister of Revenue and government

House leader, the member for Brant-Oxford-Norfolk (Mr. Nixon), would want me to mention to all of us in my capacity as his critic. That other obligation is to improve this system, but to make sure we do so in a manner we can afford.

There are some who will say health care has no price. Yet I am sure the Treasurer would once again say, "Yes, everything has a price; governments cannot go off and simply spend themselves into oblivion." Some governments did. For many years, the Liberal government in Ottawa decided the people of this nation could be bought off by new projects and by pouring money into social programs and into all kinds of situations, and it obliged us as Canadian citizens to pick up those costs. That government did it quite freely. We see signs that this government—

Mr. Haggerty: Even the member's own administration went that route in Ontario. Tell us about that.

Mr. Andrewes: I will tell the member for Erie, because it is a matter of some significance, that the Conservative government, through one of the most difficult periods of recession in 40 years, maintained the social programs and the infrastructure in this province without obligating us to an eternal debt.

Mr. Haggerty: It is costing us about \$8 million a day in interest to pay off that debt.

Mr. Andrewes: I remind the member for Erie that in one budget his government has asked the people of this province to ante up an additional \$750 million. It has extended the deficit to \$2.3 billion at a time when the economy is moving and its tax revenues are growing. It is getting more tax revenues and letting the deficit grow. Is that good budgeting?

Mr. Haggerty: We are just picking up where the Tories left off.

Mr. Andrewes: The folks back in Fort Erie cannot run their businesses that way; the member for Erie never ran his business that way. When business was booming he paid off the banker. He did not go and say, "I need a bigger loan."

The Deputy Speaker: This does have a direct relationship to Bill 94?

Mr. Andrewes: Oh yes, sir.

The Deputy Speaker: I am finding it a little hard to get the thread.

Mr. Andrewes: Maybe I should come back to the topic at hand. I was somewhat diverted by the member for Erie's comments.

Mr. Haggerty: It has been so exciting in here this morning that the building was shaking about 10 minutes ago.

The Deputy Speaker: Perhaps this is an opportune time to advise members that at about 11:30 there was a small earth tremor in Metro Toronto. I am not sure what the member for Lincoln was saying at that point.

Mr. Ward: Maybe somebody was telling him something.

Miss Stephenson: No; somebody was telling the government members something.

Mr. Andrewes: I will take full credit for that. Thank you for that bit of information. I must have been in full flight, because I never sensed any movement. This staid old chamber remained staid and old. Somebody opened the blinds and let the light in, but here we are, talking about quality health care in Ontario.

Mr. Speaker, if I may move away for just a second you will give me some leeway, I am sure, to tell you that I am fortunate today that I brought my notes with me. I must apologize that last evening when I started this debate I was not properly equipped. Some of the to and fro between myself and the minister actually was very helpful; it took us to 10:30 p.m. and I was able to adjourn the debate, even though the relevancy of our conversation perhaps escaped many members.

Mr. Haggerty: The member is just back on the farm with all this.

Mr. Andrewes: We did have questions. The minister asked me questions, and he did not like my responses. I suggested to the Speaker that we have a late show, but he declined to give me permission.

Let us return to quality health care in Ontario, because I want to—

Mr. Haggerty: The member should move over a little.

Mr. Andrewes: I am not sure what the member for Erie is referring to.

I want to come back to the point that we have the best health care system in Ontario. Our obligation is to improve it but in a manner we can afford, and what the affordable level might be is arbitrary and debatable.

A quality health care system has many ingredients. One is the societal attitude expressed from time to time in the comments by members in the debates. It is expressed in the philosophy that the members and their parties bring to this chamber. It is expressed by individuals who from time to time come to see members by visiting them in their constituency offices and on various other occasions. They carry with them a societal

attitude that may be a little narrower than all of us can accept.

Quality health care is a very important ingredient in research and in treatment methods. Then we get to the hard core of quality health care: buildings and equipment. We get into the people factor of a quality health care system: the professionals, the practitioners and who they are. They are like my colleague the member for York Mills; they are family doctors, specialists, urologists and psychiatrists. I would not want to try to pronounce all the various disciplines, because I am sure I would not be accurate. Who are the rest of the practitioners? They are the nurses and those who administer and deliver public health programs: hospital staff, those who staff clinics and those who perform services in hospitals.

Another very important human ingredient in our health care system is the group known as volunteers. Through day-to-day participation in its activities, through membership on a health council or hospital board or in some advisory capacity, they bring to the system professional views and skills that may not necessarily be medical skills but are disciplines that are very important components of a quality health care system. They bring those views as part of a planning process and as part of the sustaining and ongoing administrative process.

12:20 p.m.

These are all important direct activities in the day-to-day operation of a system that provides health care to the people of this province. However, it is the professionals on whom we have become most dependent to run the system. That is what makes the system work best and it is what makes our system the best in the world. All the buildings, all the research, all the hospital equipment and all the other advice one can seek is of no use without the professionals to deliver the care.

These people are trained and their skills are well honed. In some cases, they have sworn an oath to a profession. They have committed their lives, their training and their skills towards people and the system. They have opted for that training and that dedication to that skill. There has been a long history of high esteem and respect for this profession.

I have another little anecdote that is relevant here. In our local hospital there are 27 doctors. They invited me to meet with them in the boardroom of the hospital last Thursday morning, which I was delighted to do. Of those 27 doctors, 19 came to that meeting. It was at eight

o'clock in the morning and 19 of the 27 medical staff who serve a wide rural community and who work out of that hospital, arrived at that meeting.

That is significant. Those people are very busy people. Some had been up all night and some may be up all night for the next two or three nights. However, 19 of them took the time to come to talk to me, not simply about this piece of legislation but about the health care system generally.

These are people who have dedicated themselves to keeping others alive and healthy. They are people of emotion, understanding and skill. They have entered a profession after very extensive training based on an understanding that their training and skill would allow them to practise their profession. Some of them have invested their life's savings in that training.

Having completed that training and entered the profession, they are asked to invest their skills in making life-saving judgements on the part of their patients. They are being asked to do this in a professional way. Our society has always admired and respected the profession.

When I had this meeting last Thursday with these 19 doctors, it was interesting that they all agreed that if one were to do a survey in the community, most of the people would say: "Yes, doctors are kind of an antagonistic bunch. They make too much money. They do this and that. However, not my doctor. He is a good guy; a fine individual. He is not involved in all these militant actions. He will not get mixed up in this debate. No, he is a great guy."

What was reflected in that observation—it was not made by me; it was made by the professionals in that room—was that collectively they know they do not have a lot of public sympathy. Individually, they have a lot of public sympathy from the people they deal with. Collectively, however, they know that by taking militant actions which other groups in society might take to make their point with governments, with people or with legislators, they will not elicit a lot of public sympathy.

I come back to the point that medical practitioners are asked to invest their skills to save lives and the fact that our society has always admired and respected the professions. I do not care what professions they are—doctors, nurses, pharmacists, engineers, architects, farmers or teachers—in our society, in spite of its cynicism, in spite of its sarcasm about these professionals, there is a very deep-seated respect for an individual who takes the necessary time to train in a discipline to acquire a talent.

We believe these are people of integrity and wisdom. We trust in their judgement. What has happened now is that professionals all over this province feel threatened by this government because it has set aside consultation and respect for professions in favour of political expediency.

To come back to my story about the professions not being able to elicit a lot of support, this is a government that says, "Here is a category of professionals called lawyers who have QCs, including people such as J. J. Robinette"—

Mr. McFadden: The Premier.

Mr. Andrewes: Give me some other esteemed members of this profession: the member for Brock (Mr. Partington), the member for Eglinton (Mr. McFadden) and the member for Cochrane South (Mr. Pope).

Here is a group of people who have worked diligently at their profession over the years, and suddenly a government says, "Let us beat up on those people, because if we beat up on them the 8.5 million people who are watching us will say, 'Here is a government of action that can get things out of the way and cut through all this stuff.'" It forgets they are professionals.

What it has done now is to threaten these professional groups. It has proceeded with legislation against the professional judgement of these people. It is populist legislation. It is politically popular. There is no doubt about that because, as we live in our role as everyday people in society, we like to see government standing up for the little guys such as ourselves. We like to see people prepared to knock down those whom we might view as having a certain advantage over us.

It is only appropriate to warn the Minister of Health and the government that, in spite of the apparent short-term political popularity and benefits of these kinds of moves, what this kind of legislation does is create reaction, as demonstrated by some of the responses my colleagues have received. What it does is alienate the very people upon whom we are depending for this system to work.

Mr. Speaker, you know that on occasion the business of the House gets disrupted by various means. The operation of this House moves along quite nicely when the government and the opposition parties sit down and decide on a reasonable agenda. That is co-operation.

12:30 p.m.

We have a group of professionals who feel threatened because that co-operation has now been set aside for some politically popular, populist legislation. That is very short term. It

will alienate a very important component of our social network, the very people who make it work.

There are still a number of people in Ontario who retain that very deep-seated respect for professionals. I warn the government members that if they keep bashing those people around, they are going to get a reaction from them. They are going to see them in their constituency offices on Saturday and they are going to hear from them when they speak in public, because they will not like it. It is populist, it is popular politically and it is short term. Eventually it will come back to haunt the government.

To get back to the question of quality health care, our health care system is a quality system because of the professionals, the ethics and the abilities of the practitioners, just as is the education system, the justice system and agriculture.

I often refer to an old adage that someone laid on me once. A young fellow came to me and said, "I would like to be a farmer but I cannot justify the long-term investment of this kind of money in a farm." I looked at him and said, "But if you want to be a farmer, you have to have a farm."

Mr. McFadden: I did not realize one needed a farm to be a farmer.

Mr. Andrewes: No? How else can you do it?

The integrity of professionalism has to spread through many disciplines. The only way the system retains its integrity is by retaining the co-operation and the support of the practitioners involved.

I want to refer briefly to another letter. This was written to the *Lincoln Post Express*, a paper of some renown. It does not have a wide circulation, but again it is a very fair-minded publication. It is interesting that the publishers of the *Lincoln Post Express* also happen to be the publishers of the *St. Catharines Standard*. I note that again so that the members feel there is some objectivity.

This letter was written by Dr. Bill Peters, a young medical practitioner in the town of Lincoln who has two young children. He is fairly new to the community. He entered a family practice with three or four other, more experienced, practitioners who had been in the community for 30 or 40 years or more.

He also undertook to provide care to the seniors who are resident at the Albright Manor. That demonstrates his interest in his community. It also demonstrates his willingness to hone his

talents, to direct his talents to a specific area, a specific group of people when the need arises.

It is a very sensible letter to the editor of the *Lincoln Post Express*, but it expresses what I think is the very deep feeling of a young medical practitioner who is getting his practice started, the very deep feeling he has for his community and for the patients to whom he is providing care.

What provokes a young medical practitioner in a community of 4,000 to speak out on an issue that even the Minister of Health would say is probably focused more on the larger urban centres? He has not opted out. Bill 94 is not going to affect him or his income. He is not an activist, not the sort of person one would find demonstrating for political or personal causes. He is too busy dispensing medical care to the people who depend on him for it. He is not a revolutionary.

I make these comments because I think it is necessary to put this in some perspective. He sent me a copy of his letter with a note saying, "Mr. Andrewes, this is a copy of a letter submitted to the editor of the *Post Express* for publication January 15, 1986.

"As a practising physician in Beamsville I feel it is important that the consumer of health care, the general public, is aware of the impact of the Health Care Accessibility Act.

"I, like all other physicians in Beamsville and Grimsby, am opted in by choice and stand to make no monetary gain in challenging the aforementioned act. However, I do stand to lose freedom both as a physician and as an individual if the present act is passed.

"However, the infringement on freedom does not stop here and you, as consumers of health care, become involved."

I think that has some significance. He speaks from the heart. It is not a casual observation by Dr. Peters; he is a caring professional speaking from his heart when he says the infringement on freedom does not stop here and we, as consumers, become involved.

"This act is only the beginning of an infringement on our freedom and you do not have to look far to understand the effects of socialist medicine. In making civil servants of its physicians, Britain has created a two-tier system of health care and we are about to take the first step towards this under the guise of the present act." He refers to Bill 94. "Very soon to follow are restrictions on which physician practices where and who may see that physician."

He goes on to talk about the needs of the local community. I would like to expand on that to some degree after I finish reading Dr. Peters's

letter. "Granted, the present system has its drawbacks but it is working reasonably well, especially when we consider the above alternative," the British system. "The government should focus on the real issues at hand, which include overcrowding of wards and hospital emergencies as well as a lack of long-term care for the elderly, instead of the 12 per cent of physicians who are currently opted out of OHIP."

"If you are concerned about these issues and value your freedom of choice, you should make your feelings known to the local provincial government representative or openly discuss them with your physician."

I have not had a deluge of mail as a result of Dr. Peters' letter. I have not had a lot of public input on this debate because—

Mr. Haggerty: If we can only get that \$50 million from Ottawa, it could provide additional health care.

12:40 p.m.

Mr. Andrewes: I know, and other members have expressed the same feelings. In the quietness of carrying on the business of government, I am sure the government has sensed that there is broad public support for Bill 94. Perhaps the government is sitting there saying: "Those dumb Tories. What are they taking up the defence of the OMA for? Why are they so persistent in this debate?"

It is because of people such as Dr. Peters, whose opinion and views about the medical care system I value and trust, as a layman and as one of his patients. I am not a practitioner. I am not directly involved. It is for people such as Dr. Peters, the patients and the constituency he serves that I am taking up this debate and that my colleagues are persistent in putting on the record, for this House to see in the future, that there was a political party with a different point of view about Bill 94, a party that felt very deeply about a health care system that worked.

I do not want to get totally distracted by political expediency, and I hope the members of this House will not get totally distracted. Let us not get distracted by the term "accessibility."

For six weeks this spring, I had the privilege of being the Minister of Health. It was not a long time to form any strong opinions or views about how the health care system should or should not work, and it was not enough time to make substantive changes in that system. I do not believe anybody in the capacity of an elected individual, who brings to that office not the views of a specific discipline but the views of a generalist, should after six weeks have strident

views on how the system should or should not work.

One thing I did learn during those six weeks—

Mr. Haggerty: The member should tell us about his negotiations with the medical profession. He was the Minister of Health.

The Deputy Speaker: Order. The member for Erie, the member for Mississauga East (Mr. Gregory) and the member for York West (Mr. Leluk) will please stop interrupting the member.

Mr. Gregory: How about the member for Erie?

The Deputy Speaker: I mentioned him first.

Mr. Andrewes: Thank you, Mr. Speaker. Where was I? I was somewhat distracted by the member for Erie.

Mr. Lane: Start over.

Mr. Andrewes: I should, but I will not.

During those six weeks when I was the Minister of Health, I could not help but be impressed by the fact that unlike situations that confronted me in other ministries in which it was my privilege to serve, through the doors of the Ministry of Health came proposals from public groups, professional groups, hospitals, doctors and health care delivery organizations right across Ontario. Without exception, every one of those proposals has merit.

Without exception, one would love to be in a position to say: "Go ahead, let us try it. It is innovative. It is creative. It has potential. It is going to deal with a problem in a particular area in a way government cannot deal with it. Yes, try it on."

One can be enthusiastic. One can combine that enthusiasm with compassion and an understanding of the needs. All it takes is money. That is in contrast to situations in other ministries. The member for Quinte (Mr. O'Neil), as the Minister of Industry, Trade and Technology, and other members understand that in those resource-type ministries, people come through the door with hundreds of proposals. There are two groups, the crocks and the good ones, and it is fairly easy to distinguish between them.

In health care it is not easy. When they come through the door with proposals, there are no crocks, because people's lives are at stake. That is something we should consider as we look at the question of health care and health care accessibility. Let us not get distracted by the word "accessibility." Our health care system has built-in inaccessibility because of the lack of resources I referred to.

Perhaps I should share some of the situations that confront me in my riding in the Niagara region. They are not unlike the situations that confront every member. Two weeks ago, the member for Erie and I were able to attend a meeting with the local association for the mentally retarded. It has some serious problems with housing and the programs it is able to offer to severely handicapped individuals. It has problems in the training and retraining of the trainable retarded adult. It has ongoing difficulty in fulfilling its mandate to the younger mentally retarded who require constant care.

This is built-in inaccessibility. It is nothing money cannot solve. There are willing people who are prepared to give their talent, time and ability to raise funds to administer and provide the care but who are without the other financial resources.

About two months ago, the member for Erie and I attended a meeting with a number of administrators and board members from homes for the aged in the Niagara region. All faced the same problem of rising costs in their operations and were having to ask the residents of the homes to sustain those rising costs. They were not able to expand their operations. All of them are facing similar problems. I am only thankful that in the Niagara Peninsula, in spite of our partisan political views, collectively the six members representing the six ridings can sit down and talk co-operatively about these problems.

Nursing homes are another problem. I do not think there is a member here who has not been confronted by a situation where a relative, friend or constituent cannot find proper care in a nursing home or cannot find an available bed. A person may have to wait in a chronic care or acute care facility, taking up a bed until he can be accommodated in a nursing home. There is not a member here who has not been approached by a nonprofit group operating a home for the aged or even by a nursing home operator for assistance in finding the resources or getting the permission to build additional nursing home beds.

12:50 p.m.

Extended care is another problem—care for the chronically ill aged population who require a place to live and someone to prepare meals in the comfort of knowing they are not going to feel alone. I remember having it brought to my attention during my six weeks as Minister of Health that in the Niagara region there were some very serious problems with chronic care. There were situations in which acute care beds in hospitals were being taken by chronic patients,

and elective surgery was delayed or postponed because acute care beds were taken by chronic patients.

This was not simply a problem in the Niagara region, it was a problem across the province, and I had an opportunity to remedy that situation.

Hon. Mr. Nixon: Would the member mind starting over? I missed some of it.

Mr. Andrewes: Actually, I missed the Treasurer's presence. He brings out the best in everybody.

The Deputy Speaker: Order.

Mr. Callahan: The Treasurer did not miss a thing.

Mr. Andrewes: I am getting to the member for Brampton. Come back tomorrow; there is more to come.

This problem of chronic care was well demonstrated in the St. Catharines General Hospital. We were able to make some moves to accommodate a well-thought-out program to revitalize that hospital, to provide the necessary chronic care beds and to alleviate a very serious problem in that area. Perhaps it was not enough; it is never enough.

That became the subject of some further review by the new government, because it felt that perhaps in our dying days as a government we were being totally partisan in what it would view as a less objective view of the health care system. Even in St. Catharines, which was not a Tory riding, as the member for Erie (Mr. Haggerty) would remind me, and even in London and in many other communities such as Stratford, we were able to do some things about chronic care that needed to be done. However, it is never enough.

Perhaps I can further enumerate the problems in acute care. On the day I met with those 19 doctors at West Lincoln Memorial Hospital—a hospital, by the way, that currently has an acute care capacity of 81 beds and a chronic care capacity of 16 beds—two patients who were scheduled for elective surgery had to have their surgery cancelled or deferred because of a lack of beds. Those are two situations in a very small community, situations that no doubt could be multiplied across this province.

That hospital is now in the midst of a very ambitious building program. It is adding additional chronic care beds and it has a very innovative program to incorporate day care, chronic care and extended care all in one hospital community. It is a very innovative program, but

it has taken far too long to happen, in my view, as many of these programs do.

In making this observation about the building program at West Lincoln hospital, I would say only that it is an ambitious building program, but it has a \$2-million public participation component; \$2 million is to be raised by the community. There are 27 doctors practising out of this hospital. Do members know what each of those doctors has pledged towards that project? They have each pledged \$5,000. It was voluntary. It is pledged. It is not taxed. These doctors are not the scavengers the government is talking about. These are not the doctors who are extra billing. These are family practitioners, with the exception of about three specialists. They have pledged \$5,000 each towards that project.

Emergency wards: We know that the emergency wards of many of the major hospitals are flooded with what medical practitioners tell me are frivolous cases. Perhaps it is easier to allay the fears of a child in pain by taking him down to the emergency ward instead of practising what many of our parents did and sticking a thermometer in his mouth and putting him on a liquid diet.

Mr. Foulds: That is really helpful for a potential broken arm.

Mr. Andrewes: I am not talking about broken arms and broken bones or the seriously ill.

Mr. Foulds: Can the member make that judgement?

Mr. Andrewes: I would not, nor would the member for Port Arthur. In the judgement of the medical practitioners—not in the member's judgement or mine—many frivolous cases are brought to an emergency ward because it is there, it is available and perhaps it does not put the onus on a parent or an individual to make that kind of judgement. I am not in a position to say which is frivolous and which is not. I am saying it is a problem that needs to be dealt with.

Mr. Foulds: How does the member suggest we deal with it?

Mr. Andrewes: I thank the member for that comment. He probably has some innovative ways of dealing with it. I am not averse to his idea of clinics, but at the same time I would want to know a little more about them. When he joins in this debate, I hope he will expand considerably on his interjections.

Mr. Foulds: Just briefly; no need to go on at length, the point is so obvious.

Mr. Andrewes: Maybe briefly, but no doubt he will expand.

There is another area one could allude to as an indication of inaccessibility, and that is the whole question of day care for seniors as part of the programs now in many hospitals. Facilities with day care for seniors are associated with hospitals, local health units and homes for the aged. They can receive care and comfort in an appropriate environment for a time and then can go back to their homes for the balance of the day when their relatives or friends come home from work.

This situation is becoming reasonably commonplace in Niagara and the response has been excellent. It is an opportunity for expanded health care and to deal with the very serious problems of overcrowding in nursing homes and homes for the aged. It is an opportunity for senior citizens to maintain reasonable control of their own lives and yet know they have the protection of a system that provides them with that kind of comfort.

You are reminding me of the hour, Mr. Speaker.

The Deputy Speaker: Yes.

On motion by Mr. Andrewes, the debate was adjourned.

The House adjourned at 1:01 p.m.

APPENDIX

ANSWERS TO QUESTIONS IN ORDERS AND NOTICES

MINISTER'S STAFF

162. Mr. Rowe: Would the Minister of Tourism and Recreation please table a list of all individuals who have been hired in his ministry in full-time or part-time positions since July 1, 1985? Please list all names and salaries, as well as any relation to any member of the executive council. [Tabled January 10, 1986]

See sessional paper 326.

ASSOCIATION OF MUNICIPALITIES OF ONTARIO

165. Mr. Brandt: Would the Minister of Municipal Affairs table any reports prepared for him by his officials with respect to the 1985 annual conference of the Association of Municipalities of Ontario? [Tabled January 10, 1986]

Hon. Mr. Grandmaitre: No specific policy or position papers were prepared by officials of the Ministry of Municipal Affairs for use at the annual convention of the association of municipalities.

URBAN TRANSPORTATION DEVELOPMENT CORP.

166. Mr. Gregory: Would the Minister of Transportation and Communications provide a list of all companies that were contacted by the government, or contacted the government, regarding the sale of the Urban Transportation Development Corp.? [Tabled January 10, 1986]

Hon. Mr. Fulton: In October 1985, Wood Gundy, as the province's financial agent, contacted the following list of companies to establish a preliminary view as to the potential market for any sale of UTDC on a worldwide basis. The list was developed jointly by Wood Gundy and the government with input from the president of UTDC as to which firms had potential to become serious bidders for UTDC:

Bombardier, BREL, Brown Boveri, Canron, Chrysler, Dofasco, Eaton Corp., Ford, GE, General Motors, Hitachi, Kawasaki, Lavalin, MAN, Matra, Messerschmidt, Siemens, Thyssen, Versatile, Westinghouse.

As a result of self-elimination and the application of prequalification criteria, this initial list was reduced to the three Canadian companies that signed confidentiality agreements on November 27 and 28, 1985.

SALE OF BEER AND WINE

172. Mr. Sterling: Will the Attorney General indicate if it is legally possible to limit the sale of beer or wine to small corner grocery stores in provincial legislation, or is it necessary to allow all grocery stores, regardless of size, this right? Would the minister table all constitutional and other legal opinions that he or other ministers have on this subject? [Tabled January 10, 1986]

Hon. Mr. Scott: The Attorney General does not ordinarily table legal opinions, particularly where, as in this case, the question is hypothetical.

No constitutional or other legal opinions have been developed on the subject of the question, although that will be done should it become necessary.

HIGHWAY CONSTRUCTION

177. Mr. McCague: Would the Minister of Transportation and Communications table his ministry's timetable for the construction of Highway 407? [Tabled January 10, 1986]

Hon. Mr. Fulton: At the present time, no timetable has been prepared for the construction of Highway 407.

ONTARIO NORTHLAND TRANSPORTATION COMMISSION

178. Mr. McCague: Would the Minister of Transportation and Communications indicate the schedule and funds budgeted to repair the rail beds of the Ontario Northland Transportation Commission to assist in luring passengers back to rail service? [Tabled January 10, 1986]

Hon. Mr. Fulton: In answer to an identical question by the member for Nipissing (Mr. Harris), put to the member for Cochrane North (Mr. Fontaine) on December 9, 1985, Mr. Fontaine replied as follows on that occasion:

"The Ontario Northland carries out regular maintenance on a day-to-day basis on its track bed. In addition, capital funds are expended, and over the last four years, \$20 million has been invested in maintaining and upgrading the facilities. Another \$7 million will be spent in 1986, and about \$5.5 million in each of the years 1987 and 1988.

"For the amount of traffic carried, the rail bed is considered to be in as good a condition as elsewhere in Canada."

My understanding of the facts are as stated by my colleague.

PENSION PLANS

180. Mr. Rae: Will the Minister of Consumer and Commercial Relations provide the following information: 1. For each of the years 1980, 1981, 1982, 1983, 1984 and 1985, how many applications did the Pension Commission of Ontario receive from pension plan sponsors to recover surpluses from plans registered under the Pension Benefits Act? 2. By year, how many of these were currently active plans? 3. By year, what amount did plan sponsors propose recovering from pension plans registered under the PBA? 4. By year, how many applications were approved? 5. By year, what was the amount of the surplus recovery approved? 6. For each sponsor who was successful, what was the name of the company, the amount proposed to be recovered, the approved amount of recovery and the year in which recovery occurred? [Tabled January 14, 1986]

See sessional paper 327.

CHRISTMAS PARTY

192. Mr. Stevenson: Would the Minister of Agriculture and Food disclose the following details of the Christmas party he held on Friday afternoon, December 20, 1985, in the executive council dining lounge: 1. For what purpose was this meeting held? 2. How many people were there and what were their names? 3. What was the total cost of the food? 4. What was the total cost of the alcoholic beverages consumed? 5. Who paid for the party? 6. How was the bill paid—by cash, cheque or credit card? [Tabled January 16, 1986]

Hon. Mr. Riddell: The Christmas party was a private luncheon for the staff of the minister's office, all of whom have worked long and hard to further the interests of the agriculture and food sector. Most have worked many hours of overtime, and this was just a small token of my appreciation.

The bill for the luncheon, which totalled \$112.79, was paid out of my own pocket.

OFFICE ACCOMMODATION

200. Mr. Partington: Would the Minister of Skills Development detail any changes he is undertaking or contemplating in the physical accommodation of departments of his ministry? [Tabled January 17, 1986]

Hon. Mr. Sorbara: The Ministry of Skills Development is currently discussing with the

Ministry of Government Services the implications of the complete or partial consolidation of the ministry's operations.

CONFLICT OF INTEREST

204. Mr. Runciman: Would the Minister of Consumer and Commercial Relations disclose whether since July 1, 1985, any matter has come before the executive council dealing with the real estate industry that could directly or indirectly benefit Monte Kwinter Real Estate Ltd.? If yes, did the minister comply with the conflict-of-interest guidelines and officially appoint a colleague to deal with that matter? [Tabled January 17, 1986]

Hon. Mr. Kwinter: Since July 1, 1985, no matter has come before the executive council dealing with the real estate industry that could directly or indirectly benefit Monte Kwinter Real Estate Ltd.

205. Mr. Runciman: Would the Minister of Consumer and Commercial Relations disclose whether since July 1, 1985, Monte Kwinter Real Estate Ltd. has had any contractual involvement, directly or indirectly, with the government of Ontario? If yes, please provide details. [Tabled January 17, 1986]

Hon. Mr. Kwinter: Since July 1, 1985, Monte Kwinter Real Estate Ltd. has not had any contractual involvement, directly or indirectly, with the government of Ontario.

206. Mr. Runciman: Has the Minister of Consumer and Commercial Relations, in conformity with the executive council conflict-of-interest guidelines, disclosed his interest in Monte Kwinter Real Estate Ltd.? If so, when? If he still holds that interest, would he indicate his present degree of participation in the business? Does he consider it appropriate in light of his ministry's responsibility for the Real Estate and Business Brokers Act? [Tabled January 17, 1986]

Hon. Mr. Kwinter: The Minister of Consumer and Commercial Relations is not required to disclose, and accordingly did not disclose his interest in Monte Kwinter Real Estate Ltd. by reason of the fact that:

1. The minister decided in June 1985, and instructed his accountant, to wind up Monte Kwinter Real Estate Ltd., effective at its year end, being January 31, 1986, and his accountant is proceeding to do so;

2. The registrations of Monte Kwinter Real Estate Ltd. and Monte Kwinter expired on July

27, 1985, and their certificates have been returned;

3. Monte Kwinter Real Estate Ltd. became inactive prior to July 1, 1985, and has not carried on business since that time.

The Minister of Consumer and Commercial Relations is the sole shareholder of Monte Kwinter Real Estate Ltd., and he does not consider that to be inappropriate in light of his ministry's responsibility for the Real Estate and Business Brokers Act by reason of the three above-mentioned facts.

INTERIM ANSWERS

167. Mr. Barlow: Hon. Mr. Kerrio—The information required by this question will take longer than the normal 14 days to prepare. The answer should be available on or about March 10, 1986.

199, 201 and 202. Mr. Partington: Hon. Mr. Sorbara—The answers to questions 199, 201 and 202 are being prepared and will be available by February 14, 1986.

182. Mr. J. M. Johnson: Hon. Ms. Caplan—The information required by this question will take longer than the normal 14 days to prepare. The answer should be available by about March 21, 1986.

191. Mr. McCague: Hon. Ms. Caplan—The information requested is now being co-ordinated by the Ministry of Government Services. An answer will be provided for tabling on or about February 21, 1986.

RESPONSE TO PETITIONS

MOOSE TAG LOTTERY

Sessional paper 176, re moose lottery system.

Hon. Mr. Kerrio: Reassessment of the moose lottery is an ongoing process that occurs with each year's draw. After the 1983 draw, it was decided to bring in preference pooling and institute an MNR-based programming effort for 1984. Another change that year was the requirement of prepurchase of a moose licence before a hunter could enter the draw.

In 1984, the draw required a further fine-tuning effort and this resulted in a very successful and problem-free draw in 1985. A clearer 1986 form will address the problem of how to get every applicant to complete his or her application forms correctly.

The moose program is working, and the herds are showing signs of increase and recovery in several areas. This continues to allow increased

tag quotas in some wildlife management units year by year.

At present, means of creating more recreational opportunities for hunters within the selective harvest system are being examined.

A AND P FOOD STORES

Sessional paper 317, re fair and adequate competition in grocery retail business.

Hon. Mr. Kwinter: The petition relates to the subject of competition, which is under federal jurisdiction. Therefore, when it was brought up in the Legislature on December 5, 1985, the Minister of Consumer and Commercial Relations wrote his federal counterpart to investigate whether the closure by the Great Atlantic and Pacific Tea Co. of Canada of one of their seven outlets in Sault Ste. Marie is in contravention of the Combines Investigation Act.

In a response of January 20, the Honourable Michael Cote, Minister of Consumer and Corporate Affairs, indicated that the acquisition of the Great Atlantic and Pacific Tea Co. of Canada (A and P) of 93 stores from Dominion Stores Ltd. (Dominion), including four stores in the Sault Ste. Marie area was examined and that it was concluded that the consummation of the acquisition would not in itself provide reason to believe that an offence had occurred under the Combines Investigation Act. The developments in the food retail industry are being monitored by the director of the Combines Investigation Act and findings will be communicated to the Minister of Consumer and Commercial Relations.

An inquiry by the Minister of Consumer and Commercial Relations determined that Sault Ste. Marie has a variety of food retail stores: one Loblaw's, one Safeway, and A and P operates three A and P stores—two purchased from Loblaw's—and three "New" Dominion stores, the fourth store in the west end closed. In addition, one IGA, one Red and White, one Super Dave and at least 20 independent stores operate in that market.

The Ministry of Consumer and Commercial Relations food price monitoring indicates that the price for the 72 items in Sault Ste. Marie compares well with the prices in other centres in the region and, according to December 1985 monitoring, it was 5.5 per cent below the Toronto three-store price average. The number and the different types of food stores provide choice for the consumers who have the capability of access to the numerous stores. Two stores are within a mile of the store that was recently closed, both owned by A and P.

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